

FILE NOW: FILING FEE IS \$61.25

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Jul 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002123 (5)

1. Corporation Name
SLONE CABOT INTERNATIONAL PAIN RELIEF FOUNDATION, INC.

Principal Place of Business 105 ST. AYERS WAY CHAPEL HILL NC 27514	Mailing Address - <i>Correct Address</i> 105 ST. AYERS WAY CHAPEL HILL NC 27514-2362
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3. Date Incorporated or Qualified 04/15/1996	3a. Date of Last Report Initial Report
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2. Principal Place of Business 21 2681 South Corse Drive Suite, Apt. #, etc. Bldg. 22, Unit 9 22 City & State Pompano Beach, Florida Zip 23 33069 Country 25 Broward	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent KEANE, GREGORY G 900 EAST OCEAN BLVD., STE. 244 STUART FL 34994	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABOT, LOUIS	1.2 NAME	Cabot, Louis
STREET ADDRESS	105 ST. AYERS WAY	1.3 STREET ADDRESS	2681 South Corse Drive, Bldg. 22, Unit 9
CITY-ST-ZIP	CHAPEL HILL NC 27514	1.4 CITY-ST-ZIP	Pompano Beach, Florida 33069
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABOT, JAYNE SLONE	2.2 NAME	Slone, Jayne
STREET ADDRESS	105 ST. AYERS WAY	2.3 STREET ADDRESS	2681 South Corse Dr., Bldg. 22 Unit 9
CITY-ST-ZIP	CHAPEL HILL NC 27514	2.4 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABOT, MARY ELLEN	3.2 NAME	Cabot, Mary Ellen
STREET ADDRESS	105 ST. AYERS WAY	3.3 STREET ADDRESS	2681 South Corse Dr. Bldg. 22, Unit 9
CITY-ST-ZIP	CHAPEL HILL NC 27514	3.4 CITY-ST-ZIP	Pompano Beach, Florida 33069
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERRY, LEOPOLD H	4.2 NAME	Cherry, Leopold H
STREET ADDRESS	105 ST. AYERS WAY	4.3 STREET ADDRESS	2681 South Corse Dr., Bldg. 22, Unit 9
CITY-ST-ZIP	CHAPEL HILL NC 27514	4.4 CITY-ST-ZIP	Pompano Beach, Florida 33069
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENHOWER, JOHN W	5.2 NAME	Eisenhower, John W
STREET ADDRESS	105 ST. AYERS WAY	5.3 STREET ADDRESS	2681 South Corse Dr. Bldg. 22, Unit 9
CITY-ST-ZIP	CHAPEL HILL NC 27514	5.4 CITY-ST-ZIP	Pompano Beach, Florida 33069
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGERSOL, COURTNEY C	6.2 NAME	Ingersol, Courtney C
STREET ADDRESS	105 ST. AYERS WAY	6.3 STREET ADDRESS	2681 South Corse Dr., Bldg. 22, Unit 9
CITY-ST-ZIP	CHAPEL HILL NC 27514	6.4 CITY-ST-ZIP	Pompano Beach, Florida 33069

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

CR2E037 (9/96)