SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC -8 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0013799

DOCUMENT # N96000002123 (5)

1. Corporation Name

SLONE-CABOT INTERNATIONAL PAIN RELIEF FOUNDATION , INC.

REINSTATEMENT 98-99

Principal Place of Business	Mailing Address
2681 SOUTH CORSE DRIVE BLDG 22. UNIT 9 POMPANO BEACH FL 33069 US	105 ST. AYERS WAY CHAPEL HILL NC 27514

3. Date Incorporated or Qualified: 04/15/1996

4. FEI Number: ~~APPLIED FOR~~ [ ] Applied For [XX] Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [ ] Yes [ ] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KEANE, GREGORY G 900 EAST OCEAN BLVD., STE. 244 STUART FL 34994	81 Name: Jayne Slone 82 Street Address (P.O. Box Number is Not Acceptable): 2681 South Corse Drive, Bldg 22, Unit 9 83 84 City: Pompano Beach FL 85 Zip Code: 33069

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: Jayne W. Slone Cabot — 9/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	CABOT, LOUIS		1.2 NAME	
STREET ADDRESS	2681 SOUTH CORSE DRIVE, BLDG 22, UNIT 9		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	
TITLE	DP	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	SLONE, JAYNE		2.2 NAME	
STREET ADDRESS	2681 SOUTH CORSE DR, BLDF 22, UNIT 9		2.3 STREET ADDRESS	400003071854--4 -12/15/99--01104--011
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	CABOT, MARY ELLEN		3.2 NAME	
STREET ADDRESS	2681 SOUTH CORSE BLDG 22, UNIT 9		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	CHERRY, LEOPOLD H		4.2 NAME	400003071854--4
STREET ADDRESS	2681 SOUTH CORSE DR, BLDG 22, UNIT 9		4.3 STREET ADDRESS	-12/15/99--01104--012
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP	****236.25 ****236.25
TITLE	D	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	EISENHOWER, JOHN W		5.2 NAME	
STREET ADDRESS	2681 SOUTH CORSE DR BLDG 22, UNIT 9		5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP	
TITLE	DV	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME	INGERSOL, COURTNEY C		6.2 NAME	
STREET ADDRESS	2681 SOUTH CORSE DR BLDG 22, UNIT 9		6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		6.4 CITY-ST-ZIP	

CR2E037 (5/98)

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: Jayne Slone — 9/14/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #