

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P13657 (2)

1. Corporation Name
THERA-KINETICS, INC.



Principal Place of Business: 1300 RT 73 MOUNT LAUREL, NJ 08054
Mailing Address: 1300 RT 73 MOUNT LAUREL, NJ 08054

3. Date Incorporated or Qualified: 03/18/1987
3a. Date of Last Report: 04/26/1995
4. FEI Number: 22-2669357
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address; 83; 84 City; 85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D AYERS, DON	11 TITLE	D LANCE POULSEN
NAME	6125 MEMORIAL DRIVE	12 NAME	6125 MEMORIAL DRIVE
STREET ADDRESS	DUBLIN OH	13 STREET ADDRESS	DUBLIN, OH 43017
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	P PORTER, CRAIG	21 TITLE	D REBECCA PARETT
NAME	715 BRANDWINE DRIVE	22 NAME	6125 MEMORIAL DRIVE
STREET ADDRESS	MOORESTOWN NJ	23 STREET ADDRESS	DUBLIN OH 43017
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	V BROWN, JACK	31 TITLE	VTS
NAME	511 S 18TH STREET	32 NAME	
STREET ADDRESS	PHILADELPHIA PA	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	V KIMMELMAN, RICHARD	41 TITLE	
NAME	16 JOHN LENHARDT RD	42 NAME	
STREET ADDRESS	HAMILTON SQ NJ	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	D ZEBRICK, JEROLD	51 TITLE	
NAME	22 SOUTHWOOD DRIVE	52 NAME	
STREET ADDRESS	CHERRYHILL NJ	53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	D SHAIMAN, S. LAWRENCE	61 TITLE	
NAME	1411 WALNUT ST #1014	62 NAME	
STREET ADDRESS	PHILADELPHIA PA	63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Jack N. Brown 4-25-96 601 778 1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time #

CR2E034 (12/95)