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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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. 08054-2200



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1987		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-2669357		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
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 type for printed name of registered agent and office 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 AYERS, DON 6125 MEMORIAL DRIVE DUBLIN OH	1.1 TITLE	D LANCER POWLSON 6225 MEMORIAL DR. DUBLIN OHIO 43017
NAME	P PORTER, CRAIG 715 BRANDWINE DRIVE MOORESTOWN NJ	1.2 NAME	
STREET ADDRESS	V BROWN, JACK 511 S 18TH STREET PHILADELPHIA PA	1.3 STREET ADDRESS	
CITY- ST- ZIP	D KIMMELMAN, RICHARD 1625 MEMORIAL DR. DUBLIN OH	1.4 CITY- ST- ZIP	
	D PARRETT, REBECCA 6225 MEMORIAL DRIVE DUBLIN OH	2.1 TITLE	
	D SHAIMAN, S. LAWRENCE 1411 WALNUT ST #1014 PHILADELPHIA PA	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY- ST- ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY- ST- ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY- ST- ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY- ST- ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY- ST- ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK N. BROWN

Date

609-778-1166

Daytime Phone

0487015

CR2E034 (9/96)