SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 21 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001521165
-06/22/95--01095--017
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000024681 (6)

1. Corporation Name
R.G.D. ~~TECHNOLOGIES INC~~. MAGNETHERAPY, INC.

Principal Place of Business	Mailing Address
~~913 9TH TERRACE~~ ~~PALM BEACH GARDENS FL 33418~~	~~913 9TH TERRACE~~ ~~PALM BEACH GARDENS FL 33418~~

3. Date Incorporated or Qualified: 03/30/1994
3a. Date of Last Report:

21	2. Principal Place of Business: 760 U.S. HIGHWAY ONE	26	2a. Mailing Address: 760 U.S. HIGHWAY ONE
22	Suite, Apt. #, etc.: SUITE 101	27	Suite, Apt. #, etc.: SUITE 101
23	City & State: NORTH PALM BEACH FLA	28	City & State: NORTH PALM BEACH FLA
24	Zip: 33408	25	Country: PALM BEACH
29	Zip: 33408	30	Country: PALM BEACH

4. FEI Number: 65-0478755 ☐ Applied For ☐ Not Applicable
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

9. Name and Address of Current Registered Agent

MONESCALCHI, RICHARD J
7556 LAKE WORTH RD.
SUITE 102
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name: LISANNE DINAPOLI
82 Street Address (P.O. Box Number is Not Acceptable): 760 U.S. HIGHWAY ONE - Suite 101
83 City: NORTH PALM BEACH
84 FL 85 Zip Code: 33408

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: Lisanne DiNapoli DATE
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DCS	11 TITLE	~~DCS~~ DC ☑ Change ☐ Addition
NAME	ROPER, WILLIAM L	12 NAME	
STREET ADDRESS	913 9TH TERR.	13 STREET ADDRESS	760 US Highway One - Suite 101
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	14 CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	DV	21 TITLE	~~DV~~ D ☐ Change ☑ Addition
NAME	WEARY, DOUGLAS	22 NAME	RICHARD IRICAK
STREET ADDRESS	913 9TH TERR.	23 STREET ADDRESS	760 U.S. HIGHWAY ONE
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	24 CITY-ST-ZIP	NORTH PALM BEACH FLA 33408
TITLE	DV	31 TITLE	☑ Change ☐ Addition
NAME	GALLAGHER, MICKIE	32 NAME	
STREET ADDRESS	~~913 9TH TERR.~~	33 STREET ADDRESS	760 US HIGHWAY ONE SUITE 101
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	34 CITY-ST-ZIP	NORTH PALM BEACH FLA 33408
TITLE	DVT	41 TITLE	DVT ☑ Change ☐ Addition
NAME	DINAPOLI, LISANNE	42 NAME	
STREET ADDRESS	~~913 9TH TERR.~~	43 STREET ADDRESS	760 U.S. HIGHWAY ONE - SUITE 101
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	44 CITY-ST-ZIP	NORTH PALM BEACH FLA 33408
TITLE		51 TITLE	DV ☐ Change ☑ Addition
NAME		52 NAME	~~RAY~~ BOB DEDIEL
STREET ADDRESS		53 STREET ADDRESS	760 US HIGHWAY ONE SUITE 101
CITY-ST-ZIP		54 CITY-ST-ZIP	NORTH PALM BEACH FLA 33408
TITLE		61 TITLE	D ☐ Change ☑ Addition
NAME		62 NAME	RAY CRAIG
STREET ADDRESS		63 STREET ADDRESS	760 US HIGHWAY ONE SUITE 101
CITY-ST-ZIP		64 CITY-ST-ZIP	NORTH PALM BEACH FLA 33408

CR2E034 (3/95)

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: William Roper 6/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003555 CP