FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
98 MAY -1 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024681 (6)

1. Corporation Name
MAGNETHERAPY, INC.

Principal Place of Business
~~700 U.S. HIGHWAY ONE~~ 950 Congress Ave
~~SUITE 101~~
~~NORTH PALM BEACH FL 33418~~
Riveria Beach, FL. 33404

Mailing Address
~~700 U.S. HIGHWAY ONE~~
~~SUITE 101~~
~~NORTH PALM BEACH FL 33418~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/30/1994

2. Principal Place of Business
21 950 Congress Ave
22 Suite, Apt. #, etc.
23 City & State: Riveria Beach, FL. 33404
24 Zip 33404 25 Country USA

2a. Mailing Address
26 950 Congress Ave
27 Suite, Apt. #, etc.
28 City & State: Riveria Beach, FL.
29 Zip 33404 30 Country USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~DINAPOLI, LISANNE~~
~~700 U.S. HIGHWAY ONE~~
~~SUITE 101~~
~~NORTH PALM BEACH FL 33408~~

10. Name and Address of New Registered Agent
81 Name: Carlos Berrocal
82 Street Address (P.O. Box Number is Not Acceptable)
83 1070 East Indiantown Rd. #310
84 City: Jupiter FL 85 Zip Code: 33477

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 _____ 4-29-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIBBETTS, HUBERT 137 PECKSLAND GREENWICH CT	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Bernard Weinstein / Director 950 Congress Ave Riveria Beach, FL. 33404	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GALLAGHER, MICHAEL ~~700 US HIGHWAY ONE~~ 950 Congress Ave ~~NORTH PALM BEACH FL~~ Riveria Bch. FL 33404	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Chairman / C.E.O. / Director William Roper 950 Congress Ave Riveria Beach, FL. 33404	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEINKORT, JOSEPH P 215 BILLINGS ST. ARLINGTON TE	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SR. Vice President / Sec. / Treasurer / Dir. Lisanne DiNapoli 950 Congress Ave Riveria Beach, FL. 33404	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAM WHALEY ~~700 US HIGHWAY ONE, #101~~ ~~NORTH PALM BCH FL~~	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	200002513282 -8 -05/06/98 --01064 --004 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DR.CARLTON HAZELWOOD ~~ONE BAYLOR PLACE~~ 6 Castlegreen Circle ~~HOUSTON TEXAS~~ The Woodlands, Tx. 77381	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	4/1-98	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRALLE, RAY ~~700 US HIGHWAY ONE SUITE 101~~ 401 N.E. 2nd St. ~~NORTH PALM BEACH FL~~ Delray Beach, FL. 33483	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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

SIGNATURE: Lisanne DiNapoli 4/24/98 561-882-1092