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.
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 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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	TIBBETTS, HUBERT	
STREET ADDRESS	137 PECKSLAND	
CITY-ST-ZIP	GREENWICH CT	
TITLE	VPD	☐ DELETE
NAME	GALLAGHER, MICHAEL	
STREET ADDRESS	~~700 US HIGHWAY ONE~~ 950 Congress Ave	
CITY-ST-ZIP	~~NORTH PALM BEACH FL~~ Riveria Bch. FL 33404	
TITLE	D	☐ DELETE
NAME	KLEINKORT, JOSEPH P	
STREET ADDRESS	215 BILLINGS ST.	
CITY-ST-ZIP	ARLINGTON TE	
TITLE	D	☑ DELETE
NAME	WILLIAM WHALEY	
STREET ADDRESS	~~700 US HIGHWAY ONE, #101~~	
CITY-ST-ZIP	~~NORTH PALM BCH FL~~	
TITLE	D	☐ DELETE
NAME	DR.CARLTON HAZELWOOD	
STREET ADDRESS	~~ONE BAYLOR PLACE~~ 6 Castlegreen Circle	
CITY-ST-ZIP	~~HOUSTON TEXAS~~ The Woodlands, Tx. 77381	
TITLE	D	☐ DELETE
NAME	CRALLE, RAY	
STREET ADDRESS	~~700 US HIGHWAY ONE SUITE 101~~ 401 N.E. 2nd St.	
CITY-ST-ZIP	~~NORTH PALM BEACH FL~~ Delray Beach, FL. 33483	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☑ Addition
1.2 NAME	Bernard Weinstein / Director	
1.3 STREET ADDRESS	950 Congress Ave	
1.4 CITY-ST-ZIP	Riveria Beach, FL. 33404	
2.1 TITLE	Chairman / C.E.O. / Director	☐ Change ☑ Addition
2.2 NAME	William Roper	
2.3 STREET ADDRESS	950 Congress Ave	
2.4 CITY-ST-ZIP	Riveria Beach, FL. 33404	
3.1 TITLE	Sr. Vice President / Sec. / Treasurer / Dir.	☐ Change ☑ Addition
3.2 NAME	Lisanne DiNapoli	
3.3 STREET ADDRESS	950 Congress Ave	
3.4 CITY-ST-ZIP	Riveria Beach, FL. 33404	
4.1 TITLE	200002513282--8	☐ Change ☐ Addition
4.2 NAME	-05/06/98--01064--004	
4.3 STREET ADDRESS	****150.00 ****150.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	5-1-98	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

CR2E034 (10/97)