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Apr 29 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 # P96000034611 (9)

1. Corporation Name
NEUROTECHNOLOGY, INC.



Principal Place of Business
1601 FORUM PLACE STE 1110
WEST PALM BEACH FL 33401

Mailing Address
1601 FORUM PLACE STE 1110
WEST PALM BEACH FL 33401-8105

3. Date Incorporated or Qualified
04/22/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERCURIO, WILLIAM J
1601 FORUM PLACE STE 1110
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title 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
NAME MERCURIO, WILLIAM J
STREET ADDRESS 1601 FORUM PLACE STE 1110
CITY-ST-ZIP WEST PALM BEACH FL 33401

1.1 TITLE DIC
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE DIP
2.2 NAME FRAZIER L. GAINES
2.3 STREET ADDRESS 800 W. CYPRESS CREEK BLVD
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE S/T
3.2 NAME DANIEL L. OSBORNE
3.3 STREET ADDRESS 1601 FORUM PLACE, SUITE 1110
3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE VP
4.2 NAME JAY DOMINGUEZ
4.3 STREET ADDRESS 800 W. CYPRESS CREEK BLVD
4.4 CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)