

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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/22/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0679019	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		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			
				Hall, Gerry W.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1601 Forum Place			
				83 Suite 1110			
				84 City			
				West Palm Beach			
				FL			
				85 Zip Code			
				33401			

11. Pursuant to the provisions of Sections 607.0602 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 607.1505, Florida Statutes.

SIGNATURE *Gerry W. Hall* Gerry W. Hall, Chairman 01/06/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERCURIO, WILLIAM J	1.2 NAME	Hall, Gerry W.
STREET ADDRESS	1601 FORUM PLACE STE 1110	1.3 STREET ADDRESS	1601 Forum Place, Suite 1110
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, GAINES	2.2 NAME	
STREET ADDRESS	800 W CYPRESS CREEK BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSBORNE, DANIEL	3.2 NAME	Ray, Billy V.
STREET ADDRESS	1601 FORUM PLACE SUITE 1110	3.3 STREET ADDRESS	1601 Forum Place, Suite 1110
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, JAY	4.2 NAME	
STREET ADDRESS	800 W CYPRESS CREEK BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Gerry W. Hall* Gerry W. Hall 01/06/98 (561) 688-0400

CR2E034 (10/97)