

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000038002 (7)

1. Corporation Name  
**NOVONEURON, INC.**

Principal Place of Business  
**2411 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33020**

Mailing Address  
**2411 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33020**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/02/1996</b>	
21		26		4. FEI Number <b>65-0779750</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		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	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**GELLER, JOSEPH S ESQUIRE  
2411 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

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	PTSD	1.1 TITLE	D
NAME	MASH, DEBORAH C	1.2 NAME	MASH, DEBORAH C.
STREET ADDRESS	2411 HOLLYWOOD BOULEVARD	1.3 STREET ADDRESS	2411 Hollywood Boulevard
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	VSTD	2.1 TITLE	VD
NAME	GELLER, JOSEPH S	2.2 NAME	GELLER, JOSEPH S.
STREET ADDRESS	2411 HOLLYWOOD BOULEVARD	2.3 STREET ADDRESS	2411 Hollywood Boulevard
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	PD	3.1 TITLE	PD
NAME	HEARN, W. LEE	3.2 NAME	HEARN, W. LEE
STREET ADDRESS	6321 SW 136 AVENUE	3.3 STREET ADDRESS	6321 SW 136 Avenue
CITY-ST-ZIP	FT. LAUDERDALE FL 33330	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33330
TITLE		4.1 TITLE	TD
NAME		4.2 NAME	TYLER, MICHAEL
STREET ADDRESS		4.3 STREET ADDRESS	1030 Alhambra Circle
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		5.1 TITLE	SD
NAME		5.2 NAME	KUEHNE, BENEDICT P
STREET ADDRESS		5.3 STREET ADDRESS	100 S.E. 2nd Street #3550
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33131
TITLE		6.1 TITLE	
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 address.

SIGNATURE:

*Deborah C. Mash*

*4/12/98 (950) 970-7300*

CP2E034 (10/97)