


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

FILED

Jan 20 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 # P97000034344 (6)

1. Corporation Name
CNS TECHNOLOGY, INC.

Principal Place of Business

1820 BAY DRIVE
MIAMI BEACH FL 33141

Mailing Address

1820 BAY DRIVE
MIAMI BEACH FL 33141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 4651 SW 51 ST.	26 4651 SW 51 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 809	27 Suite 809
City & State	City & State
23 DAVIE, FL	28 DAVIE, FL
Zip	Zip
24 33314	29 33314
Country	Country
25 U.S.A.	30 U.S.A.

3. Date Incorporated or Qualified	Applied For
04/14/1997	Not Applicable
4. FEI Number	
65-0759394	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

WHITE, DANIEL T ESQ.
17110 CARRINGTON PARK DRIVE
SUITE 822
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	CEO
STREET ADDRESS		1.3 STREET ADDRESS	CHARLES SLATER
CITY-ST-ZIP		1.4 CITY-ST-ZIP	4651 SW 51 STR, Suite 809
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	President
NAME		2.2 NAME	SCOTT UCHTMARK
STREET ADDRESS		2.3 STREET ADDRESS	4651 SW 51 STR, Suite 809
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DAVIE, FL 33314
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	MEDICAL DIRECTOR
NAME		3.2 NAME	Paul Wether
STREET ADDRESS		3.3 STREET ADDRESS	4651 SW 51 STR, Suite 809
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DAVIE, FL 33314
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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:

NATHAN REQU... JAHMARKET

1/2/98 587-5800

CR2E034 (10/97)