

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000039192 (4)

1. Corporation Name  
PHARMACEUTICAL CLINICAL RESEARCH CORPORATION

Principal Place of Business

19689 BLACK OLIVE LANE  
BOCA RATON FL 33498

Mailing Address

19689 BLACK OLIVE LANE  
BOCA RATON FL 33498

FILED  
Jan 29 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/01/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0751679	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	\$5.00 May Be Trust Fund Contribution
City & State	City & State	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	Added to Fees
23	28	9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Zip	Country	29	30
24	25	81 Name	85 Zip Code
GARNER, GARY 19689 BLACK OLIVE LANE BOCA RATON FL 33498		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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	PS	<input type="checkbox"/> DELETE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, GARY		Gary Garner
STREET ADDRESS	19689 BLACK OLIVE LANE		19689 Black Olive Lane
CITY-ST-ZIP	BOCA RATON FL 33498		Boca Raton, Florida 33498
TITLE	VPT	<input type="checkbox"/> DELETE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, JEFFREY		Jeffrey Garner
STREET ADDRESS	19689 BLACK OLIVE LANE		19689 Black Olive Lane
CITY-ST-ZIP	BOCA RATON FL 33498		Boca Raton, Florida 33498
TITLE		<input type="checkbox"/> DELETE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			Barbara Baron
STREET ADDRESS			12 Wellington
CITY-ST-ZIP			Green Valley, N.Y 11548
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: *Gary Garner* REQUIES (President) 1/23/98 (561)477-1858

CR2E084 (10/97)