

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J32538 (7)

1. Corporation Name
BESSELAAR CLINICAL RESEARCH UNITS, INC.

Principal Place of Business Mailing Address
**ONE MALCOLM AVE
TETERBORO NJ 07608** **ONE MALCOLM AVE
TETERBORO NJ 07608**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 3a. Date of Last Report
09/08/1986 **05/01/1994**

4. FEI Number Applied For
58-1695239 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **900 Osceola Drive** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **West Palm Beach, Fl** 28
Zip Country Zip Country
24 **33409** 25 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
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

TITLE	PD
NAME	MARIER, RAYMOND C.
STREET ADDRESS	ONE MALCOLM AVE.
CITY - ST - ZIP	TETERBORO NJ
TITLE	S
NAME	HURWITZ, JEFFREY S.
STREET ADDRESS	ONE MALCOLM AVE.
CITY - ST - ZIP	TETERBORO NJ
TITLE	D
NAME	VANOURT, DOUG
STREET ADDRESS	ONE MALCOLM AVE
CITY - ST - ZIP	TETERBORO NJ
TITLE	OP
NAME	FIRTH, BRAIN
STREET ADDRESS	103 COLLEGE RD E
CITY - ST - ZIP	PRINCETM NJ
TITLE	T
NAME	MASSIU, JERRY
STREET ADDRESS	103 COLLEGE RD EAST
CITY - ST - ZIP	PRINCETM NJ
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kuebler, Christopher	
1.3 STREET ADDRESS	One Malcolm Avenue	
1.4 CITY - ST - ZIP	Teterboro, NJ 07608	
2.1 TITLE	same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Koffer, Harris	
4.3 STREET ADDRESS	One Malcolm Avenue	
4.4 CITY - ST - ZIP	Teterboro, NJ 07608	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Maggio, Gerald	
5.3 STREET ADDRESS	One Malcolm Avenue	
5.4 CITY - ST - ZIP	Teterboro, NJ 07608	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sandra B. Morton* Date: **4/26/95** (609) 452-8550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Phone #)