FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 517741 **(5)**

1. Corporation Name
PHARAMACON NUCLEAR, INC.

Principal Place of Business
1128 HARDEE RD.
CORAL GABLES FL 33146

Mailing Address
1128 HARDEE RD.
CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 11/02/1976
3a. Date of Last Report: 06/05/1995
4. FEI Number: 59-1704824 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $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
21 64 Sheridan Dr NE
Suite, Apt. #, etc.
22
City & State
23 Atlanta GA
Zip
24 30305
Country
25 Fulton

2a. Mailing Address
26 64 Sheridan Dr NE
Suite, Apt. #, etc.
27
City & State
28 Atlanta, GA
Zip
29 30305
Country
30 Fulton

9. **Name and Address of Current Registered Agent**
TATRO, CHARLOTTE R.
1128 HARDEE RD.
CORAL GABLES FL 33146

10. **Name and Address of New Registered Agent**
81 Name: Cecelia Garber
82 Street Address (P.O. Box Number is Not Acceptable): 285 NW 199 st #210
83
84 City: Miami FL 85 Zip Code: 33169

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 X [signature] Cecelia Garber — DATE 7/24/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TATRO, CLAUDE G. JR.	
STREET ADDRESS	1128 HARDEE RD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VTD	☐ DELETE
NAME	TATRO, CHARLOTTE R.	
STREET ADDRESS	1128 HARDEE RD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	☐ DELETE
NAME	TATRO, CAROLYN E	
STREET ADDRESS	1128 HARDEE ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☑ Change ☐ Addition
1.2 NAME	Claude G Tatro Jr	
1.3 STREET ADDRESS	64 Sheridan Dr NE	
1.4 CITY-ST-ZIP	Atlanta GA 30305	
2.1 TITLE	VTD	☑ Change ☐ Addition
2.2 NAME	Tatro, Charlotte R.	
2.3 STREET ADDRESS	64 Sheridan Dr NE	
2.4 CITY-ST-ZIP	Atlanta, GA 3035	
3.1 TITLE	S	☑ Change ☐ Addition
3.2 NAME	TATRO, CAROLYN E	
3.3 STREET ADDRESS	64 Sheridan Dr NE	
3.4 CITY-ST-ZIP	Atlanta, GA 30305	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 X [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 7-29-96 — 404-233-3260

CR2E034 (12/95)