

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **567267** (0)
1. Corporation Name
FLORIDA PHARMACY JOURNAL, INC.

95 JAN 20 AM 8:24

Principal Place of Business Mailing Address
610 N. ADAMS STREET TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/01/1978	3a. Date of Last Report 03/02/1994
4. FEI Number 59-1845552	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POWERS, PAT MRS. 610 N. ADAMS ST TALLAHASSEE FL		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if appropriate. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	WEISE, GILBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8601 EMERALD ISLE CR N	1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE DS	TUELL, KEN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	737-C POINTE C	2.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE P	POWERS, PATSEY J	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	610 N ADAMS ST	3.2 NAME	
STREET ADDRESS	TALLAHASSEE, FL 00000	3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE VP	LEMBERGER, MAX	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9132 MELLON COURT	4.2 NAME	
STREET ADDRESS	ST. AUGUSTINE FL	4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE T	ASTLE, BETTY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2550 STAG RUN BLVD.	5.2 NAME	
STREET ADDRESS	CLEARWATER FL	5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE D	DALIN, GAREY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13284 SW 104TH TERRACE	6.2 NAME	
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(9)(b), 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: *Mrs. Pat Powers* **PAT POWERS** 1-18-95 904-222-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR