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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 610 N. ADAMS STREET TALLAHASSEE FL 32301
Mailing Address: 610 N. ADAMS STREET TALLAHASSEE FL 32301-1114

3. Date Incorporated or Qualified: 04/01/1978
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
4. FEI Number: 59-1845552 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

9. Name and Address of Current Registered Agent: POWERS, PAT MRS. 610 N. ADAMS ST TALLAHASSEE FL
10. Name and Address of New Registered Agent: 81 Name: MICHAEL A. JACKSON 82 Street Address (P.O. Box Number is Not Acceptable): 610 N. Adams Street 83 84 City: Tallahassee FL 85 Zip Code: 32301

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 of the corporation with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Michael A. Jackson EXECUTIVE VICE PRESIDENT 3/11/97
MICHAEL A. JACKSON OFFICERS AND DIRECTORS (NOT Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: WEISE, GILBERT	<input type="checkbox"/> DELETE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8601 EMERALD ISLE CR N JACKSONVILLE FL		1.2 NAME:	
CITY, ST, ZIP: DS	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
NAME: TUELL, KEN		1.4 CITY - ST - ZIP:	
STREET ADDRESS: 737-C POINTE C TALLAHASSEE FL		2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP: P	<input type="checkbox"/> DELETE	2.2 NAME:	
NAME: POWERS, PATSEY J		2.3 STREET ADDRESS:	
STREET ADDRESS: 610 N ADAMS ST TALLAHASSEE, FL 00000		2.4 CITY - ST - ZIP:	
CITY, ST, ZIP: VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LEMBERGER, MAX		3.2 NAME:	
STREET ADDRESS: 9132 MELLON COURT ST. AUGUSTINE FL		3.3 STREET ADDRESS:	
CITY, ST, ZIP: T	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP:	
NAME: ASTLE, BETTY		4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2550 STAG RUN BLVD. CLEARWATER FL		4.2 NAME:	MD MICHAEL A. JACKSON
CITY, ST, ZIP: D	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	1229 RHONDA DR
NAME: DALIN, GAREY		4.4 CITY - ST - ZIP:	NICEVILLE, FL 32578
STREET ADDRESS: 13284 SW 104TH TERRACE MIAMI FL		5.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP:		5.2 NAME:	V
		5.3 STREET ADDRESS:	
		5.4 CITY - ST - ZIP:	
		6.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME:	T
		6.3 STREET ADDRESS:	
		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 Back 12 or Back 13 if changed, or on an attachment with an address

SIGNATURE: Michael A. Jackson MICHAEL A. JACKSON 3/11/97 (904) 222-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day - Month - Year

CR2E034 (9/96)