

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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: 04/01/1978
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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
JACKSON, MICHAEL A
610 NO ADAMS STREET
TALLAHASSEE FL 32301

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

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: *Michael A. Jackson* MICHAEL A. JACKSON EXECUTIVE VICE PRESIDENT 1/6/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	WEISE, GILBERT	
STREET ADDRESS	8801 EMERALD ISLE CR N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TUELL, KEN	
STREET ADDRESS	737-C POINTE C	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	POWERS, PATSEY J	
STREET ADDRESS	610 N ADAMS ST	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	JACKSON, MICHAEL A	
STREET ADDRESS	1229 RHONDA DRIVE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ASTLE, BETTY	
STREET ADDRESS	2550 STAG RUN BLVD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DALIN, GAREY	
STREET ADDRESS	13264 SW 104TH TERRACE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PEGGY ANN ZAUBER, PHARM.D.	
1.3 STREET ADDRESS	2708 SAINT JOHN AVE	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205-8210	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TUELL, KENNETH	
2.3 STREET ADDRESS	3036 SHAMROCK S	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308-3323	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JACKSON, MICHAEL A	
4.3 STREET ADDRESS	6440 JUTIN GRANT TRAIL	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
5.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ASTLE, BETTY	
5.3 STREET ADDRESS	747 TIMUQUANA LANE	
5.4 CITY-ST-ZIP	PALM HARBOR, FL 34683-5842	
6.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DALIN, GAREY	
6.3 STREET ADDRESS	13264 SW 104TH TERRACE	
6.4 CITY-ST-ZIP	MIAMI, FL COOPER CITY, FL 33024	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Michael A. Jackson* MICHAEL A. JACKSON EXECUTIVE VICE PRESIDENT 1/6/98 (NOTE) 222-2400

CR2E034 (10/97)