

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 # **F43130** (6)

1. Corporation Name
IDEL PHARMACY, INC.



Principal Place of Business: **3314 W. COLUMBUS DR. TAMPA FL 33607**
Mailing Address: **3314 W. COLUMBUS DR. TAMPA FL 33607**

3. Date Incorporated or Qualified: **09/02/1981**
3a. Date of Last Report: **01/20/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
	Suite, Apt., #, etc.		Suite, Apt., #, etc.		59-2131126	Not Applicable
22	23	27	28	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			
24	25	29	30	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip		Zip			
	Country		Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SUAREZ, IRMA 4921 CREST HILL DRIVE TAMPA FL 33615				81	Name	SUAREZ, IDEL	
				82	Street Address (P.O. Box Number is Not Acceptable)	2707 N. St. Vincent St.	
				83			
				84	City	Tampa	85

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]* DATE: **1-30-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	VS
NAME	SUAREZ, MILAEDA	1.2 NAME	SUAREZ, MILLY
STREET ADDRESS	4921 CREST HILL DR.	1.3 STREET ADDRESS	8114 N. Hale Ave.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33614
TITLE	S	2.1 TITLE	S
NAME	SUAREZ JR., IDEL	2.2 NAME	SUAREZ JR., IDEL
STREET ADDRESS	4921 CREST HILL DRIVE	2.3 STREET ADDRESS	20204 Gulf Blvd. #3
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Indian Shores, FL 34635
TITLE	V	3.1 TITLE	V
NAME	SUAREZ, ILLAN	3.2 NAME	SUAREZ, ILLAN
STREET ADDRESS	4921 CREST HILL DR.	3.3 STREET ADDRESS	8114 N. Hale Ave.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33614
TITLE	T	4.1 TITLE	T
NAME	SUAREZ, IRMA	4.2 NAME	SUAREZ, IRMA
STREET ADDRESS	4921 CREST HILL DR	4.3 STREET ADDRESS	2707 N. St. Vincent St.
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE		5.1 TITLE	P
NAME		5.2 NAME	SUAREZ, IDEL
STREET ADDRESS		5.3 STREET ADDRESS	2707 N. St. Vincent St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		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 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: *[Signature]* DATE: **January 29, 1996** DISTRICT: **813/8776679**

CR2E034 (12/95)