1-29-97 B-TER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

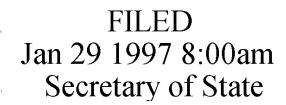
IDEL PHARMACY, INC.

Principal Place of Business

Mailing Address

3314 W. COLUMBUS DR. TAMPA FL 33807

3314 W. COLUMBUS DR. TAMPA FL 33607-1820





3. Date Incorporated or Qualified 3a. Date of Last Report

							09/02/1981	03/0	04/1996	
2. Principal F	Place of Business	2a. Mailing	Address				4. FEI Number		Ар	plied For
21		26	26				59-2131126		No	t Applicable
Suite, Apt	#. etc.	Suite, Ap	Suite, Apt. #, etc.				5. Certificate of Status Desired	S	\$8.75	Additional
22		27					5. Certificate of Status Desired	(AC)	Fee Re	quired
City & Stat	le .	City & S	tate				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added t	
Zip	Country	Zip		Coun	ntry		8. This corporation has liability for	intangible	tax under s.	199.032,
24	25	29		30			Florida Statutes	Yes [] No	
	9. Name and Address of Currer	It Registered Ag	ent	<u> </u>			10. Name and Address of New Re	gistered /	igent	
SU	AREZ, IDEL				81	Name				
	77 NORTH ST. VINCENT STREET			ļ.,	-	Otropt Addre	(DO Bouth on in Not Associate	-1-1	· · · · · · · · · · · · · · · · · · ·	
TAMPA FL 33607					82 Street Address (P.O. Box Number is Not Acceptable)					
1/4	MFA FL 33007				B3					·
				[]	_					
				ļī	84	City	-		85 Zip (Code
		2						<u>FL</u>	ĻĻ	
office or agent 1 a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	i2 and 607,1508, of Florida. Such ations of, Section	change was 607.0505, Fi	es, the ab- authorized orida Statu	ove- by tes.	named corporation	oration submits this statement for the poon's board of directors. I hereby acception	or the appo	changing iti pintment as	s registered registered
SIGNATURE			· · · · · · · · · · · · · · · · · · ·							
	Signature, typed or printed name of registered agr		(NO		Agen	t signature require	ed when reinstating)	DATE	DIDECTOR	C INL 10
12.	OFFICERS AN	D DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE	VS	ι	"] DEFEIR	1.1 THTU		VS			Lan Change	L Addition
NAME	SUAREZ, MILLY			1.2 NA	ME	SU	AREZ, MILLY			
STREET ADDRESS	8114 NORTH HALE AVENUE			1.3 STR	REET A		01 N LINCOLN AVE.			
CITY - ST - ZIP	TAMPA FL			1.4 CIT	Y-ST-		MPA, FL. 33607		_	
TITLE	\$		DELETE	2.1 TITI	LE				Change	Addition Addition
NAME	SUAREZ JR., IDEL			2.2 NA/	ME					
STREET ADDRESS	20204 GULF BLVD, #3			2.3 STA	REET A	IDDRESS				
CITY-ST-ZIP	INDIAN SHORES FL			2. 4 01	TY-ST	r-71P				
TITLE	V		DELETE	3.1 717		V			X Change	☐ Addition
NAME	SUAREZ, ILLAN	_	_	3.2 NA			AREZ, ILLAN			_
	8114 NORTH HALE AVENUE						01 N. LINCOLN AVE			
STREET ADDRESS	TAMPA FL									
CITY - ST - ZIP	10MFA FL		DELETE	3.4. CIT		-ZIP TA	MPA, FL. 33607		Change	Addition
TITLE	OLIABET IDITA	L	DELETE	4.1 (17)						L AUGINON
NAME	SUAREZ, IRMA	PACCY		4.2 NA						
STREET ADDRESS	2707 NORTH ST. VINCENT S	INEEI		4 3 STF	REET A	ADDAESS	·			
CITY - ST - ZIP	TAMPA FL			4 4 CIT		- ZIP				
TITLE	P	Į.	DELETE	5 1 TIT	LE				☐ Change	Addition
NAME	IDEL, SUAREZ			5.2 NA	ME					
STREET ADDRESS	2707 ST VINCENT ST			5 3 ST	REET A	ADDRESS				
City - St - ZIP	TAMPA FL 33607			5.4 CIT	Y-ST	- ZIP				
TITLE	17 801 1 1 1 0 00001		DELETE	6.1 TIT					Change	Addition
NAME		•		6.2 NA						
						ADDOCCC				
STREET ADDRESS				6.3 51	mtti /	address				
CITY-ST-ZIP				6.4 CIT						

Initial transfer in ordated 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 or 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:

<u>812- 877-6079</u>