

1-29-97 B- 10/2-C

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Jan 29 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 # 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 33607-1820

3. Date Incorporated or Qualified: 09/02/1981
3a. Date of Last Report: 03/04/1996
4. FEI Number: 59-2131126
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

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

9. Name and Address of Current Registered Agent
SUAREZ, IDEL
2707 NORTH ST. VINCENT STREET
TAMPA FL 33607

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: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: VS
NAME: SUAREZ, MILLY
STREET ADDRESS: 8114 NORTH HALE AVENUE
CITY-ST-ZIP: TAMPA FL
TITLE: S
NAME: SUAREZ JR., IDEL
STREET ADDRESS: 20204 GULF BLVD, #3
CITY-ST-ZIP: INDIAN SHORES FL
TITLE: V
NAME: SUAREZ, ILLAN
STREET ADDRESS: 8114 NORTH HALE AVENUE
CITY-ST-ZIP: TAMPA FL
TITLE: T
NAME: SUAREZ, IRMA
STREET ADDRESS: 2707 NORTH ST. VINCENT STREET
CITY-ST-ZIP: TAMPA FL
TITLE: P
NAME: IDEL, SUAREZ
STREET ADDRESS: 2707 ST VINCENT ST
CITY-ST-ZIP: TAMPA FL 33607

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: VS
1.2 NAME: SUAREZ, MILLY
1.3 STREET ADDRESS: 2601 N LINCOLN AVE.
1.4 CITY-ST-ZIP: TAMPA, FL. 33607
2.1 TITLE: _____
2.2 NAME: _____
2.3 STREET ADDRESS: _____
2.4 CITY-ST-ZIP: _____
3.1 TITLE: V
3.2 NAME: SUAREZ, ILLAN
3.3 STREET ADDRESS: 2601 N. LINCOLN AVE
3.4 CITY-ST-ZIP: TAMPA, FL. 33607
4.1 TITLE: _____
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY-ST-ZIP: _____
5.1 TITLE: _____
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY-ST-ZIP: _____
6.1 TITLE: _____
6.2 NAME: _____
6.3 STREET ADDRESS: _____
6.4 CITY-ST-ZIP: _____

14. I do 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1-13-97 813-877-6679
Date Daytime Phone #

CR2E034 (9/96)