

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

**FILED**  
**Jan 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/02/1981</b>	
21	26	4. FEI Number <b>59-2131126</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SUAREZ, IDEL 2707 NORTH ST. VINCENT STREET TAMPA FL 33607				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS <input type="checkbox"/> DELETE	1.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, MILLY	1.2 NAME	SUAREZ, MILLY
STREET ADDRESS	2601 N LINCOLN AVE	1.3 STREET ADDRESS	3201 N. GLEN AVE.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL. 33607
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ JR., IDEL	2.2 NAME	SUAREZ JR., IDEL
STREET ADDRESS	20204 GULF BLVD, #3	2.3 STREET ADDRESS	6015 SHELDON RD
CITY-ST-ZIP	INDIAN SHORES FL	2.4 CITY-ST-ZIP	TAMPA, FL. 33615
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, ILLAN	3.2 NAME	SUAREZ, ILLAN
STREET ADDRESS	2601 N LINCOLN AVE	3.3 STREET ADDRESS	3201 N. GLEN AVE
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL. 33607
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, IRMA	4.2 NAME	
STREET ADDRESS	2707 NORTH ST. VINCENT STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IDEL, SUAREZ	5.2 NAME	
STREET ADDRESS	2707 ST VINCENT ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Milly Suarez* Vice Secretary 01-10-98 (813) 877-6679

CR2E034 (10/97)