

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

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 	FLORIDA DEPARTMENT OF STATE Sandra S. Matheson Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001308
 1. Corporation Name
DIRECT RX, INC.

Principal Place of Business _____ Mailing Address _____

21. Principal Place of Business <u>905-A Hampton Oaks Parkway</u>	22. Mailing Address <u>905-A Hampton Oaks Parkway</u>
23. City & State <u>TAMPA FL</u>	24. City & State <u>TAMPA FL</u>
25. Zip <u>33610</u>	26. Zip <u>33610</u>
27. Country <u>U.S.A.</u>	28. Country <u>U.S.A.</u>

3. Date Incorporated or Qualified <u>03/13/1996</u>	3a. Date of Last Report
4. Fil Number <u>34-171778</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.00 May Be Added to Fees
7. The corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

10. Name and Address of New Registered Agent
 10.1 Name
KOTHA S. SEKNARAM
 10.2 Street Address (P.O. Box Number is Not Acceptable)
5905-A HAMPTON OAKS PARKWAY
 10.3 City
TAMPA FL 10.4 Zip Code
33610

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 X Matheson DATE 4-25-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>P/D</u>	NAME <u>ARRION, WILLIAM L.</u>	1.1 TITLE <u>P/D</u>	1.1 NAME <u>KOTHA S. SEKNARAM</u>
STREET ADDRESS <u>2382 GLEN VALLEY</u>	CITY-ST-ZIP <u>WESTLAKE, OH 44145</u>	1.2 STREET ADDRESS <u>5905-A HAMPTON OAKS PARKWAY</u>	1.2 CITY-ST-ZIP <u>TAMPA, FL 33610</u>
TITLE <u>S/D</u>	NAME <u>ROSE, DANIEL C.C.</u>	2.1 TITLE <u>V/P</u>	2.1 NAME <u>JOSEPH F. PAK</u>
STREET ADDRESS <u>15445 LAKE SHORES BLVD. # 22</u>	CITY-ST-ZIP <u>CLEVELAND, OH 44110</u>	2.2 STREET ADDRESS <u>5905-A HAMPTON OAKS PARKWAY</u>	2.2 CITY-ST-ZIP <u>TAMPA, FL 33610</u>
TITLE <u>C/D</u>	NAME <u>TANEJA, JUGAL K.</u>	3.1 TITLE <u>C/D/S</u>	3.1 NAME <u>JUGAL K. TANEJA</u>
STREET ADDRESS <u>2645 KESDALE</u>	CITY-ST-ZIP <u>DEPPER PIKE, OH 44122</u>	3.2 STREET ADDRESS <u>5905-A HAMPTON OAKS PARKWAY</u>	3.2 CITY-ST-ZIP <u>TAMPA, FL 33610</u>
TITLE <u>D</u>	NAME <u>ROWLAND, MARK</u>	4.1 TITLE	4.1 NAME
STREET ADDRESS <u>29717 HILLINGD AVE.</u>	CITY-ST-ZIP <u>WESTLAKE, OH 44145</u>	4.2 STREET ADDRESS	4.2 CITY-ST-ZIP
TITLE <u>D</u>	NAME <u>TRAGER, MARTIN</u>	5.1 TITLE <u>D</u>	5.1 NAME <u>MARTIN A. TRAGER</u>
STREET ADDRESS <u>3501 SHORLINE CIRCLE</u>	CITY-ST-ZIP <u>DAWN HARBOR, FL 34683</u>	5.2 STREET ADDRESS <u>100 N. TAMPA STREET, SUITE 2700</u>	5.2 CITY-ST-ZIP <u>TAMPA, FL 33601</u>
TITLE	NAME	6.1 TITLE	6.1 NAME
STREET ADDRESS	CITY-ST-ZIP	6.2 STREET ADDRESS	6.2 CITY-ST-ZIP
		6.3 STREET ADDRESS	6.3 CITY-ST-ZIP
		6.4 STREET ADDRESS	6.4 CITY-ST-ZIP
		6.5 STREET ADDRESS	6.5 CITY-ST-ZIP
		6.6 STREET ADDRESS	6.6 CITY-ST-ZIP
		6.7 STREET ADDRESS	6.7 CITY-ST-ZIP
		6.8 STREET ADDRESS	6.8 CITY-ST-ZIP
		6.9 STREET ADDRESS	6.9 CITY-ST-ZIP
		6.10 STREET ADDRESS	6.10 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(X), Florida Statutes. I further certify that the information included 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: X Matheson KOTHA S. SEKNARAM DATE: 4-25-97 813-628-0804

CORPORATION (9908)