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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49572 (3)
1. Corporation Name
MANASOTA PHARMACEUTICAL REPRESENTATIVES ASSOCIATION, INC.



Principal Place of Business: 6706 WOOD MEADOW LOOP BRADENTON FL 34202
Mailing Address: 6706 WOOD MEADOW LOOP BRADENTON FL 34202-9360

3. Date Incorporated or Qualified: 06/26/1992
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business: 9803 SWEETWATER
2a. Mailing Address: 9803 SWEETWATER AVE
22. Suite, Apt. #, etc.
23. City & State: BRADENTON FL
24. Zip: 34202
25. Country

4. FEI Number: NOT APPLICABLE
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

9. Name and Address of Current Registered Agent
ZEC, VICKI A.
6706 WOOD MEADOW LOOP
BRADENTON FL 34202

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: FL
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	VOTH, ROBERT	1.2 NAME	
STREET ADDRESS	1901 HILLSDALE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	PD
NAME	ZEC, VICKI	2.2 NAME	FALEO, JEANNE
STREET ADDRESS	6706 WOOD MEADOW LOOP	2.3 STREET ADDRESS	9803 SWEETWATER AVE
CITY-ST-ZIP	BRADENTON FL 34202	2.4 CITY-ST-ZIP	BRADENTON FL 34202
TITLE	VPD	3.1 TITLE	
NAME	GUTERREZ, JORGE A.	3.2 NAME	
STREET ADDRESS	6701 FORRESTER LAKE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	BAKKEN, DAVID	4.2 NAME	
STREET ADDRESS	307 ROSEWOOD COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)