

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 11 PH 2: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054240 (4)

1. Corporation Name

PHARMACEUTICAL RECLAMATION, INC.

Principal Place of Business

**133 N. POMPANO BEACH BLVD.
SUITE 1108
POMPANO BEACH FL 33062**

Mailing Address

**133 N. POMPANO BEACH BLVD.
SUITE 1108
POMPANO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/20/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0511815

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLMES, MICHAEL
133 N. POMPANO BEACH BLVD.
SUITE 1108
POMPANO BEACH FL 33062**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **HOLMES, MICHAEL**
STREET ADDRESS **133 N. POMPANO BEACH BLVD., SUITE 1108**
CITY - ST - ZIP **POMPANO BEACH FL 33062**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **D**
NAME **MARIETTA, COLLETE**
STREET ADDRESS **133 N. POMPANO BEACH BLVD., SUITE 1108**
CITY - ST - ZIP **POMPANO BEACH FL 33062**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D**
NAME **HOLMES, ROBERT**
STREET ADDRESS **644 N. BARRON ST.**
CITY - ST - ZIP **CANTON OH 43326**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Michael R. Holmes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95
(Date)

(312) 786-0020
(Telephone No.)