

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P14792 (6)
1. Corporation Name
NOVEN PHARMACEUTICALS, INC.



Principal Place of Business Mailing Address
11960 S.W. 144TH STREET 11960 S.W. 144TH STREET
MIAMI FL 33186 MIAMI FL 33186
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1987	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2767632	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KOLMAN, JAY G.
11960 S.W. 144TH ST.
SUITE 200
MIAMI FL 33186

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	SABLOTSKY, STEVEN	
STREET ADDRESS	11960 S.W. 144TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SABLOTSKY, NOREEN	
STREET ADDRESS	11960 S.W. 144TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, MITCHELL	
STREET ADDRESS	58 OAKDALE LANE	
CITY-ST-ZIP	ROSLYN HEIGHTS NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECHER, SHELDON	
STREET ADDRESS	300 SEVILLA, SUITE 215	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUBOW, LARENCE	
STREET ADDRESS	9428 BAYMEADOWS ROAD, SUITE 250	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAGINSKY, SIDNEY	
STREET ADDRESS	SIX STONYWELL COURT	
CITY-ST-ZIP	DIX HILLS NY 11746	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sablotsky, Steven	
1.3 STREET ADDRESS	11960 S.W. 144th Street	
1.4 CITY-ST-ZIP	Miami FL	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Strauss, Robert	
2.3 STREET ADDRESS	11960 S.W. 144th Street	
2.4 CITY-ST-ZIP	Miami FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Weiss, Fred	
3.3 STREET ADDRESS	5141 Via de Amalfi Drive	
3.4 CITY-ST-ZIP	Boca Raton FL	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Goldberg, Mitchell	
4.3 STREET ADDRESS	56 Oakdale Lane	
4.4 CITY-ST-ZIP	Roslyn Heights NY	
5.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Graciela Lopez	
5.3 STREET ADDRESS	11960 S.W. 144th Street	
5.4 CITY-ST-ZIP	Miami FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, trustee, or person 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:

Steven Sablotsky, Director 4/2/98 305-253-5099

CR2E034 (10/97)