

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

FILED
Apr 27 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 # K90554 (2)
1. Corporation Name
RX SERVICES CORPORATION

Principal Place of Business
2065 CLEVELAND AVENUE
#103
FORT MYERS FL 33901
US

Mailing Address
2200 MARTIN LUTHER KING JR. BLVD
FT MYERS FL 33901
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 2665 CLEVELAND AVE		05/24/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 #103		65-0126097	
City & State		City & State		Applied For	
23		28 FORT MYERS FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29 33901		30 US	
Country		Country		6. Election Campaign Financing	
25		30 US		Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes No	

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MASSIE, CHARLES A.
14751 EDEN ST
FT MYERS FL 33908

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

FL

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

4/15/98

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	MASSIE, CHARLES A.	
STREET ADDRESS	14751 EDEN ST	
CITY-ST-ZIP	FT MYERS FL	
TITLE	SD	DELETE
NAME	MASSIE, BETTY A.	
STREET ADDRESS	14751 EDEN STREET	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VD	DELETE
NAME	JACOBS, BRUCE P.	
STREET ADDRESS	6700 HIGHLAND PINES CIRCLE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	DELETE
NAME	JACOBS, ROBIN J.	
STREET ADDRESS	6700 HIGHLAND PINES CIRCLE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	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 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: *Charles A. Massie*

4/15/98 (941) 333-1612

CR2E034 (10/97)