

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

FILED

**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 153593 (9)
 1. Corporation Name
KEY PHARMACEUTICALS, INC.



Principal Place of Business ONE GIRALDA FARMS P.O. BOX 1000 MADISON NJ 07940-1000	Mailing Address ONE GIRALDA FARMS P.O. BOX 1000 MADISON NJ 07940-1000
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/24/1947	3a. Date of Last Report 04/23/1996
		4. FEI Number 59-0598178		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"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CESAN, RAUL E		1.2 NAME	Cesan, Raul	
STREET ADDRESS	2000 GALLOPING HILL RD.		1.3 STREET ADDRESS	2000 Galloping Hill Road	
CITY-ST-ZIP	KENILWORTH NJ 07033-0539		1.4 CITY-ST-ZIP	Kenilworth, NJ 07033-0530	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYCE, RODOLFO C		2.2 NAME	Driscoll, Martin	
STREET ADDRESS	2000 GALLOPING HILL RD.		2.3 STREET ADDRESS	2000 Galloping Hill Road	
CITY-ST-ZIP	KENILWORTH NJ 07033-0539		2.4 CITY-ST-ZIP	Kenilworth, NJ 07033-0530	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILBEY, WILLIAM J.		3.2 NAME		
STREET ADDRESS	ONE GIRALDA FARMS		3.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON NJ		3.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, NANCY		4.2 NAME		
STREET ADDRESS	2000 GALLOPING HILL RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEILWORTH NJ 07033-0539		4.4 CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORIERO, DONALD J		5.2 NAME		
STREET ADDRESS	ONE GIRALDA FARMS		5.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON NJ 07940-1000		5.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, DANIEL A		6.2 NAME		
STREET ADDRESS	ONE GIRALDA FARMS		6.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON NJ 07940-1000		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **4/23/97 201-822-7028**

CR2E034 (9/96)