


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	2a. Mailing Address	3. Date Incorporated or Qualified 12/24/1947	3a. Date of Last Report 04/23/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0598178	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CESAN, RAUL E	
STREET ADDRESS	2000 GALLOPING HILL RD.	
CITY-ST-ZIP	KENILWORTH NJ 07033-0539	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BRYCE, RODOLFO C	
STREET ADDRESS	2000 GALLOPING HILL RD.	
CITY-ST-ZIP	KENILWORTH NJ 07033-0539	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SILBEY, WILLIAM J.	
STREET ADDRESS	ONE GIRALDA FARMS	
CITY-ST-ZIP	MADISON N	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DAVIS, NANCY	
STREET ADDRESS	2000 GALLOPING HILL RD	
CITY-ST-ZIP	KEILWORTH NJ 07033-0539	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	SORIERO, DONALD J	
STREET ADDRESS	ONE GIRALDA FARMS	
CITY-ST-ZIP	MADISON NJ 07940-1000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NICHOLS, DANIEL A	
STREET ADDRESS	ONE GIRALDA FARMS	
CITY-ST-ZIP	MADISON NJ 07940-1000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cesan, Raul	
1.3 STREET ADDRESS	2000 Galloping Hill Road	
1.4 CITY-ST-ZIP	Kenilworth, NJ 07033-0530	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Driscoll, Martin	
2.3 STREET ADDRESS	2000 Galloping Hill Road	
2.4 CITY-ST-ZIP	Kenilworth, NJ 07033-0530	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: _____ DATE: **4/23/97** 201-822-7029

CR2E034 (9/96)