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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 233206

1. Corporation Name

(2)

SARON PHARMACAL CORP

Multing Address   Multing Address   St. Patter   St. N. STE   St.	OAHOH	THAIIMACAL COM				
WHILIAM K SARON ED   SO	Principal Place	of Business	Mailing Address			# <b>810</b> # 01011 100#
2. Principal Popo of Business 2. Amiling Accross 2. Entire April 4, etc. 2. Suite, April 4, etc. 3. Su	% WILLIAM K SARON, ESO 600 - 49TH ST. N. STE B-2		% WILLIAM K SARON. ESO 600 - 49TH ST. N. STE B-2			
2. Principles Passon of Business 28. As July April P. etc. 29. Suite, April P. etc. 20. Suite, A						
Suite Apt #, ecc   Suite   Apt #, etc   27   28   Country   6. Election Campaign Financing   \$5.00 May   Added to Fee Peoplated   \$20   28		ace of Business			4. FEI Number	Applied For
S. Carricacte of Stylias Desired   Fee Required   Fee Required   \$5.00 May E   \$5.00		#, etc.			ęo 7	1
20	22					
Zop		)	<u></u> 1			
SARON, WILLIAM K. ESO   800-49TH ST, N. SUITE P2   83   21p Code   11. Name and Address of New Registered Agent   82   Street Address (P.O. Box Number is Not Acceptable)   83   Street Address (P.O. Box Number is Not Acceptable)   83   Street Address (P.O. Box Number is Not Acceptable)   84   Street Address (P.O. Box Number is Not Acceptable)   85   Street Address (P.O. Box Number is Not Acceptable)   85   Street Address (P.O. Box Number is Not Acceptable)   86   Street Address (P.O. Box Number is Not Acceptable)   87   Street Address (P.O. Box Number is Not Acceptable)   88   Street Addr		Country	<del> </del>	Country	Trust Fund Continuation Add	
SARON, WILLIAM K. ESO  600-49TH ST, N  SUITE B2 ST PETERSBURG FL 33710  11. Pursuant to third provisions of Sections 607,0502 and 607,1508, Floridal Statutes, the 80-0e enriced corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Fernial Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. Intellegently, and accept the chiliptores of Section 607,0506, Floridal Statutes, the 80-0e enriced corporation submits this statement for the purpose of changing its registered or registered agent, or both, in this State of Fernial Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. Intellegently, and accept the chiliptores of Section 607,0506, Floridal Statutes, the 80-0e enriced corporation submits this statement for the purpose of changing its registered or registered agent. Intellegently, and accept the chiliptore of Section 607,0506, Floridal Statutes, the 80-0e enriced corporation submits this statement for the purpose of changing its registered agent. Intellegently, and statement for the purpose of changing its registered agent. Intellegently, and statement for the purpose of dangered agent. Intellegently, and accept the children agent agent. Intellegent agent	eren i	<b>⊢</b> '	<del> </del>	· <del> </del> -		,05.002,
SARON, WILLIAM K. ESO 600-497H ST, N SUITE B2 ST PETERSBURG FL 33710  11. Pursulant to the provisions of Sections 607-0502 and 607-1508, Florida Statutos, the above named corporation submits this statement for the purpose of changing its registered requisitored agent, or both, in the State of Frenda Suid- change was almorated by the corporation's board of directors. I hereby accept the appointment as registered eigent. I submit with, and accept the obligations of Section 607-0507, Frenda Statutos.  SCENATURE  SECHATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. PIREL I I I I I I I I I I I I I I I I I I I		<ol><li>Name and Address of Curre</li></ol>	nt Registered Agent		10. Name and Address of New Registered Agent	
SUITE B2 ST PETERSBURG FL 33710  11. Pursuant to the previous of Sections 697,0502 and D07,1508, Florids Selations, the above named corporation submits the attachment for the purpose of changing its registered register or recipitored agent, or both, in the State of Florids. Suit change was authorized by the corporation's board of directors. I hereby accept the appointment as registered regist. I sufficiently and accept the obligations of, Socione 607,0502 and D07,1508, Florids Selations, the above named corporation's board of directors. I hereby accept the appointment as registered regist. I sufficiently and accept the obligations of, Socione 607,0505, Brother Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. If I ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  SARON, JOHN ROBERT  7100, 30TH AVE. N. 13. SREET ADDRESS  ST PETERSBURG, FL 00000  14. If I ADDRESS  ST PETERSBURG, FL 00000  19. If I ADDRESS  ST PETERSBURG, FL 00000  10.				81 Name		
SUTE B-2 ST PETERSBURG FL 33710  11. Pulsiant 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 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 eigent. I have been provided in the provision of Section 607 0505, Florida Statutes.  SICNATURE  SICNATURE  SICNATURE  VO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. VO OFFICERS AND DIRECTORS IN 12  12. NAME  SARON, JOHN ROBERT  12. NAME  SARON, SALV  SIRPLIAGRISS  CITY ST-2P  PST  ST PETERSBURG, FL 00000  14. CITY-ST-2P  ST PETERSBURG, FL 00000  14. CITY-ST-2P  ST PETERSBURG, FL 00000  14. CITY-ST-2P  10. SARON, WILLIAM K  SOME AGENT AND ST PETERSBURG, FL 00000  15. ST PETERSBURG, FL 00000  16. SARON, WILLIAM K  SOME AGENT AND ST PETERSBURG, FL 00000  16. SARON, WILLIAM K  SOME AGENT AND ST PETERSBURG, FL 00000  16. SARON, WILLIAM K  SOME AGENT AND ST PETERSBURG, FL 00000  16. SARON, WILLIAM K  SOME AGENT AND ST PETERSBURG, FL 00000  16. SARON, WILLIAM K  SOME AGENT AND ST PETERSBURG, FL 00000  16. SARON, WILLIAM K  SOME AGENT AND ST PETERSBURG, FL 00000  16. SARON, WILLIAM K  SOME AGENT AND ST PETERSBURG, FL 00000  16. SARON, WILLIAM K  SOME AGENT AND ST PETERSBURG, FL 00000  16. SARON, WILLIAM K  SOME AGENT AND ST PETERSBURG, FL 00000  16. SARON, WILLIAM K  SOME AGENT AND ST PETERSBURG, FL 00000  16. SARON, WILLIAM K  SOME AGENT AND ST PETERSBURG, FL 00000  16. SARON, WILLIAM K  SOME AGENT AND ST PETERSBURG, FL 00000  16. SARON, WILLIAM K  SOME AGENT AND ST PETERSBURG, FL 00000  16. SARON, WILLIAM K  SOME AGENT AND ST PETERSBURG, FL 00000  16. SARON, WILLIAM K  SOME AGENT AND ST PETERSBURG, FL 00000  16. SARON, WILLI				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
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oatri, 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 nar appears in Block 12 or Block 13 if changed, or on an attachment with an address.	14. I do hereb certify that oath; that	t the information indicated on th⊲s and Fam an officer or director of the corp	nual report or supplemental an oration or the receiver or trust	mished and does not qualify nual report is true and accura ee empowered to execute the	ate and that my signature shall have the same legal effect as	sif made under

William K. Saron TED NAME OF SIGNING OFFICER OR DIRECTOR