

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 233206 (2)

1. Corporation Name

SARON PHARMACAL CORP



Principal Place of Business

% WILLIAM K SARON, ESO
600 - 49TH ST. N. STE B-2
ST. PETERSBURG FL 33710

Mailing Address

% WILLIAM K SARON, ESO
600 - 49TH ST. N. STE B-2
ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified 02/11/1960	3a. Date of Last Report 01/27/1995
4. FEI Number 59-0901497	Applied For 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	

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SARON, WILLIAM K. ESO
600-49TH ST, N
SUITE B-2
ST PETERSBURG FL 33710

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1. 1. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-STATE-ZIP 2. 1. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-STATE-ZIP 3. 1. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-STATE-ZIP 4. 1. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-STATE-ZIP 5. 1. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-STATE-ZIP 6. 1. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William K. Saron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 813-327-4374
Date Daytime Phone #

CR2E034 (12/95)