
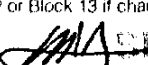


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 D-2 ST. PETERSBURG FL 33710		Mailing Address % WILLIAM K SARON, ESO 600 49TH ST. N. STE D-2 ST. PETERSBURG FL 33710	
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 D-2 ST PETERSBURG FL 33740		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1400 66th ST. N. Suite 104 83 84 City ST. Petersburg FL 85 Zip Code 33710	
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	VD	1.1 TITLE	
NAME	SARON, JOHN ROBERT	1.2 NAME	
STREET ADDRESS	7100 30TH AVE. N.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	1.4 CITY - ST - ZIP	
TITLE	PST	2.1 TITLE	
NAME	SARON, SALLY	2.2 NAME	
STREET ADDRESS	6343 37TH AVE. N.	2.3 STREET ADDRESS	5008 Queen Palm Terrace N.E.
CITY - ST - ZIP	ST PETERSBURG, FL 00000	2.4 CITY - ST - ZIP	ST. Petersburg FL 33703
TITLE	VD	3.1 TITLE	
NAME	SARON, WILLIAM K	3.2 NAME	
STREET ADDRESS	600 49TH ST N. STE D-2	3.3 STREET ADDRESS	1400 66th ST. N. Suite 104
CITY - ST - ZIP	ST PETERSBURG FL	3.4 CITY - ST - ZIP	ST. Petersburg, FL 33710
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: 		4-15-97 813-327-4334	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CP2E034 (9/96)