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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

720501 DOCUMENT #

(6)

3037 O'BRIEN DR   3037 O'BRIEN DR   TALLAHASSEE FL 32308 US   3. Date Incorporated or Qualified   03/15/1971   04/13/1995	JOURNAL OF DRUG ISSUES, INC.										
TALLAHASSEE FL 32308 US  3. Date Incorporated or Qualified O3/15/1971 O4/13/1995  2. Principal Place of Business 26. Mailing Address 4. FEI Number 23-7099598 Applied For 23-7099598 Not Applied For 23-7099598 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State 28 Country Zip Country Zip Country Zip Country Zip Country Sincorporated or Qualified O3/15/1971 C4/13/1995 Applied For 23-7099598 Not Applied For 5. Certificate of Status Desired Fee Required Fee Required Fee Required Added to Fees Added to Fees Find Country Find Country Find Statutes Yes Florida Statutes	Principal Place	e of Business	Mailing Addr	ess				E TOBERR IBROO STANK BRIBE BUILL BEER	1131 01011 81011 61011 011		
3. Date Incorporated or Qualified 03/15/1971 04/13/1995  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 23-7099598 Applied For 23-7099598 Not Applied For 23-7099598  Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing Trust Fund Contribution 55.00 May Be Added to Fees 24 Applied For 23-7099598 Applied For 23-7099	TALLAHASSE		TALLAHASS	TALLAHASSEE FL 32308							
21											
22 City & State C	·····	face of Business	h	h							
23 Trust Fund Contribution ☐ Added to Fees  Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032,  24 25 29 30 Florida Statutes ☐ Yes ☑ No	_	#, etc.	<b>}</b> −¬ '				5. Certificate of Status Desired				
24 25 29 30 Florida Statutes ☐ Yes ☑ No	City & State		h	<b>- - - - - - - - - -</b>				, ,			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	<del></del>	25	29	30	ountry	,				s. 199.032,	
		9. Name and Address of Curr	ent Registered Age	ent		,		10. Name and Address of New Re	egistered Agent		
81 Name					81	Name	Ð				
RACHIN, STEVEN L.  3037 O'BRIEN DR  82 Street Address (P.O. Box Number is Not Acceptable)						Stree	t Addres	s (P.O. Box Number is Not Acceptable	e)		
TALLAHASSEE FL 32308	TALLAH	ASSEE FL 32308									
84 City FL 85 Zip Code						` ´				•	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered off 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 617.0503, Florida Statutes.	or register	red agent, or both, in the State of Fig	orida. Such change w	vas authorized by th	e corp	named oration	corporati s board	on submits this statement for the purp of directors. I hereby accept the appo	pose of changing its intment as registere	registered office ad agent. I am	
SIGNATURE		, ,									
Signalure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).						nt signature	e required w				
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PDT DELETE 1.1 TITLE Thanks Addition Addition		· · · · · · · · · · · · · · · · · · ·						ADDITIONS/CHANGES TO OFFE			
		, -,							L Change	Addition	
NAME RACHIN,RICHARD L 12 NAME STREET ADDRESS 913 ABBIEGAIL DR. 1.3 STREET ADDRESS 1						4000000					
TALL MILLOOPE PL							'				
						51 - ZIP	<del> </del>		Channe	Addition	
NAME CZAJKOSKI, EUGENE H. 22 NAME									C. C. Id. Igo		
STREET ADDRESS 2340 KILKENNEY E. 23 STREET ADDRESS		-				ADDRESS	:				
CITY-ST-ZIP TALLAHASSEE FL 2 4 CITY-ST-ZIP	CITY-ST-2IP										
							1		Change	Addition	
NAME CRONA, JAMES T. 32 NAME	NAME	CRONA, JAMES T.		37	2 NAME						
STREET ADDRESS 2912 CARNABY CT. 33 STREET ADDRESS	STREET ADDRESS	2912 CARNABY CT.		3:	STREET	ADDRESS	;				
CITY-ST-ZIP TALLAHASSEE FL 34. CITY-ST-ZIP	CITY-ST-ZIP	TALLAHASSEE FL		34	4. CITY-1	ST-ZIP					
TITLE VDS DELETE 4.1 TITLE Change Addition	TITLE	VDS		DELETE 4.1	1 TITLE				Change	Addition	
NAME RACHIN, STEVEN L. 4.2 NAME	NAME			4.	2 NAME						
STREET ADDRESS 3037 O'BRIEN DR 4.3 STREET ADDRESS	STREET ADDRESS			4.0	3 STREET	ADDRESS	; [				
CITYAST-ZIP TALLAHASSEE FL 44 CITY-ST-ZIP		TALLAHASSEE FL			1 CITY-S	T-ZIP	↓				
<b>.</b>			Ц	DELETE 5.1	1 TITLE				Change	Addition	
NAME 5.2 NAME											
STREET ADDRESS 5.3 STREET ADDRESS							;				
CITY-ST-ZIP 54 CITY-ST-ZIP			<del></del>			T-ZIP	4—			haan	
<b>■</b>	HILE	1		DELETE 6.1	TITLE				LLJ Change	Addition	
							1				
	NAME OVERT LEGERAL										
CITY-ST-ZIP  64 CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further	STREET ADDRESS			6.3	STREET						

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I number 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 617, Florida Statutes. I number appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

| Continue | Continu

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-66 K- 6669 Daytime Phone \*

CR2E037 (12/95)