

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735242** (0)
1. Corporation Name
FLORIDA ASSOCIATION OF DRUG WHOLESALERS, INC.



Principal Place of Business 2702 DIRECTORS ROW ORLANDO FL 32809 US	Mailing Address 2702 DIRECTORS ROW ORLANDO FL 32809 US	3. Date Incorporated or Qualified 03/12/1976
		4. FEI Number 59-1655463
		Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 915-CHAD LANE	2a. Mailing Address 26 915-CHAD LANE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 24 33619	Country 25 HILLSBOROUGH	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 29 33619	Country 30 HILLS.	

9. Name and Address of Current Registered Agent WALKER, REX 2702 DIRECTORS ROW ORLANDO FL 32809	10. Name and Address of New Registered Agent 81 Name: PETER V. TARDO JR. - PRESIDENT 82 Street Address (P.O. Box Number is Not Acceptable): 915-CHAD LANE 83 84 City: TAMPA FL 85 Zip Code: 33619
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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 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 617.0503, Florida Statutes.

SIGNATURE: *Peter V. Tardo Jr.* DATE: **3/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ST	NAME GREER, JEFF	1.1 TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2100 DIRECTORS ROW	ORLANDO FL 32809	1.2 NAME GRAN LA TORTE	
CITY-ST-ZIP ORLANDO FL 32809		1.3 STREET ADDRESS 2600 - TITAN ROW	
		1.4 CITY-ST-ZIP ORLANDO, FL 32809	
TITLE PD	NAME WALKER, REX H	2.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2702 DIRECTORS ROW	ORLANDO FL	2.2 NAME	
CITY-ST-ZIP ORLANDO FL		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE D	NAME HARPER, BILL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2702 DIRECTORS ROW	ORLANDO FL	3.2 NAME	
CITY-ST-ZIP ORLANDO FL		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME PETER V. TARDO JR	
CITY-ST-ZIP		4.3 STREET ADDRESS 915-CHAD LANE	
		4.4 CITY-ST-ZIP TAMPA, FL 33619	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter V. Tardo Jr.* DATE: **2/25/98** 818-631-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR