


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90068 006 ***150.00

0102405

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F55519					
1. Corporation Name RX 30 CORPORATION					
Principal Place of Business 6355 METROWEST BLVD #100 ORLANDO FL 32835-6217			Mailing Address 6355 METROWEST BLVD #100 ORLANDO FL 32835-6217		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1555 Boren Drive		26 1555 Boren Drive		11/20/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Ocoee, FL		27 Ocoee, FL		NOT APPLICABLE	
City & State		City & State		Applied For	
23 34761		28 34761		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
WUBKER, WARREN 6625 CRENSHAW DRIVE ORLANDO FL 32835			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
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					
TITLE	PTS	<input type="checkbox"/> DELETE			
NAME	WUBKER, WARREN				
STREET ADDRESS	6355 METRO WEST BLVD. #100				
CITY-ST-ZIP	ORLANDO, FL 00000				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	JONES, RICHARD				
STREET ADDRESS	6355 METRO WEST BLVD. #100				
CITY-ST-ZIP	ORLANDO, FL 00000				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	HALL, CHARLES				
STREET ADDRESS	6355 METRO WEST BLVD. #100				
CITY-ST-ZIP	ORLANDO, FL 00000				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS		1555 Boren Drive			
1.4 CITY-ST-ZIP		Ocoee, FL 34761			
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS		1555 Boren Drive			
2.4 CITY-ST-ZIP		Ocoee, FL 34761			
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS		1555 Boren Drive			
3.4 CITY-ST-ZIP		Ocoee, FL 34761			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Wubker **SIGNATURE REQUIRED** W. Wubker 4/26/99 407-614-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)