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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F57961

PHARMCO, INC.

(7)

Apr 22 1997 8:00am Secretary of State

**FILED** 

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|--|--|----------------------|--------------|------------------|

| Principal Plac                             | e of Business   | Mailing Address  | ······································ |   | T (DD))NO 8404 BITLY 16640 IDHD ONGT 1101 BIGH BIGH BIDN BIDN BIGH BIDN BIDN BIDN BIDN |                        |                                   |  |  |
|--|---|--|--|---|--|------------------------|-----------------------------------|--|--|
| % JACK FISH<br>533 N.E. 3RD<br>FT LAUDERD/ | ier<br>Ave.   | % JACK FISHER<br>533 N.E. 3RD AVE.<br>FT LAUDERDALE FL 3330          | n .9235                                |   |  |                        |                                   |  |  |
| ri LAUDENU                                 | NLC FL 303UI  | FI LAUDEUDALE EL 303   | /1-7693                                |   | 3. Date Incorporated or Qualified 12/10/1981 3a. Date of Last Report 04/10/1996        |                        |                                   |  |  |
| 2. Principal F                             | Place of Business   | 2a. Mailing Address<br>26  |  |   | 4. FEI Number 59-2147250   |                        | Applied For Not Applicable        |  |  |
| Suite, Apt.                                | #, etc  | Suite, Apt. #, etc.  |  |   | 5. Certificate of Status Desired   |                        | \$8.75 Additional<br>Fee Regulred |  |  |
| City & Stat                                | te  | City & State   |  |   | 6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe          |                        |                                   |  |  |
| Zip  | Country   | Zip  | Coun                                   | try   | 8. This corporation has liability for i  |                        | r s. 199.032,                     |  |  |
| 24   | 9. Name and Address of Curr   | 29 ent Registered Agent  | 30                                     |   | Florida Statutes  10. Name and Address of New Re                                       |                        |                                   |  |  |
| FIS  | HER, JACK   |  | - 1                                    | 1 Name  |  |                        |                                   |  |  |
|  | 3 N.E. 3RD AVE.   |  | ) i                                    | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                        |                                   |  |  |
| FT   | LAUDERDALE FL 33316   | •  |  |   | 2.000 (1.0.00) 10.100 10.100 10.100  |                        | ·="                               |  |  |
|  |   |  | •                                      | 33  |  |                        |                                   |  |  |
|  |   |  | Ī                                      | 14 City   |  | FL 85 Z                | ip Code                           |  |  |
| 11. Pursuant                               | to the provisions of Sections 607.0   | 502 and 607.1508, Florida Statu                                      | tes, the ab                            | ove-named cor   | poration submits this statement for the p  | urpose of changing     | g its registered                  |  |  |
| office or i                                | registered agent, or both, in the Sta<br>am familiar with, and accept the ob- | ite of Florida. Such change was<br>igations of, Section 607.0505, Fl | authorized<br>orida Statu              | by the corporates.                                    | ation's board of directors. I hereby accep   | t the appointment      | as registered                     |  |  |
| SIGNATURE                                  |   |  |  |   |  |                        |                                   |  |  |
| 40   | Stgration, typed or printed name of registered                                | agent and title if applicable. (NOT NOT DIRECTORS                    | E: Registered                          | Agent signature requ                                  | ulred when reinstating)  ADDITIONS/CHANGES TO OFFIC                                    | DATE<br>EDG AND DIDECT | OPS IAL SO                        |  |  |
| 12.  | DPS OFFICERS A  | DELETE DELETE  | 1.1 Tetu                               | F   | ADDITIONS/CHANGES TO OFFIC   | Chang                  |                                   |  |  |
| NAME                                       | FISHER, JACK  |  | 1.2 NAN                                | 1   |  |                        |                                   |  |  |
| STREET ADDRESS                             | 6711 NW 63 PLACE  |  | 1.3 STR                                | EET ADDRESS   |  |                        |                                   |  |  |
| CHY-ST-ZIP                                 | PARKLAND FL   |  | 1.4 CITY                               | /-ST-ZIP  |  |                        | ····                              |  |  |
| TITLE                                      |   | ☐ DELETE   | 2.1 TITL                               | E   |  | Chang                  | je 🔲 Additio                      |  |  |
| NAME                                       |   |  | 2.2 NAA                                | 1   |  |                        |                                   |  |  |
| STREET ADDRESS                             | ļ   |  |  | EET ADDRESS   |  |                        |                                   |  |  |
| CITY - ST - ZIP<br>TITLE                   |   | DELETE   | 3.1 TITL                               | Y-ST-ZIP<br>E   |  | Chang                  | e Additio                         |  |  |
| NAME                                       |   |  | 3.2 NAM                                | i t   |  | <u> </u>               |                                   |  |  |
| STREET ADDRESS                             |   |  |  | EET ADDRESS   |  |                        |                                   |  |  |
| CITY - ST - ZIP                            |   |  | 3.4. CIT                               | Y-ST-ZIP  |  |                        |                                   |  |  |
| TIFLE                                      |   | DELETE   | 4.1 TITL                               | E   |  | ☐ Chang                | e 🔲 Additio                       |  |  |
| NAME                                       |   |  | 4. 2 NA                                |   |  |                        |                                   |  |  |
| STREET ADDRESS                             |   |  |  | EET ADDRESS   |  |                        |                                   |  |  |
| City-51-ZiP                                |   | DELETE   |  | /-\$1-ZIP   |  | I I Chan               | ge Addition                       |  |  |
| TITLE                                      |   | ☐ DELETE   | 5.1 TITL                               |   |  | Chang                  | k T VOQUU                         |  |  |
| NAME<br>CORETANODECE                       |   |  | 5.2 NAA<br>5.2 STD                     |   |  |                        |                                   |  |  |
| STREET ADDRESS                             | 1   | •  |  | EET ADDRESS   |  |                        |                                   |  |  |
| CHTY-ST-ZIP<br>THILE                       | -   | DELETE   | 5.4 CIT                                | r-ST-ZIP  |  | Chang                  | ae 🔲 Additio                      |  |  |
| NAME                                       |   | المادات البيا  | 6.2 NAM                                |   |  | and white              | ,                                 |  |  |
| STREET ADDRESS                             |   |  | 4                                      | EET ADDRESS   |  |                        |                                   |  |  |
| SINCE ADDRESS                              | 1   |  |  | CET AUUNESS   |  |                        |                                   |  |  |

14. If 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:

OPACHERAND TOTAL POPUSHING AND THE SHEET OF DIFFECTOR

Daytime Phone #