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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 13 1997 8:00am  
Secretary of State

DOCUMENT # F92000000049 (8)

1. Corporation Name

SOLOPAK PHARMACEUTICALS INC.



Principal Place of Business

6001 BROKEN SOUND PARKWAY  
STE. 600  
BOCA RATON FL 33487  
US

Mailing Address

6001 BROKEN SOUND PARKWAY  
STE. 600  
BOCA RATON FL 33487-2768  
US

3. Date Incorporated or Qualified

10/29/1992

3a. Date of Last Report

07/24/1996

4. FEI Number

65-0364796

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME NONNENMANN, OTTO T  
STREET ADDRESS 17053 BROOKWOOD DRIVE  
CITY-ST-ZIP BOCA RATON FL 33498

DELETE

TITLE CD  
NAME WELSH, PATRICK J  
STREET ADDRESS 3 ESSEX ROAD  
CITY-ST-ZIP SUMMIT NJ 07901

DELETE

TITLE S  
NAME HEWITT, WILLIAM J  
STREET ADDRESS 1170 FIFTH AVENUE  
CITY-ST-ZIP NEW YORK NY 10029

DELETE

TITLE TAS  
NAME ZONNER, LARRY W  
STREET ADDRESS 700 S.W. 75TH TERRACE  
CITY-ST-ZIP PLANTATION FL 33317

DELETE

TITLE AS  
NAME MCCLARY, THOMAS E  
STREET ADDRESS 6001 BROKEN SOUND PKWY., STE. 600  
CITY-ST-ZIP BOCA RATON FL 33487

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME JOHN G. QUIGLEY  
1.3 STREET ADDRESS 22 CHAMBERS STREET  
1.4 CITY-ST-ZIP PRINCETON NJ 08542



Change



Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP



Change



Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP



Change



Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP



Change



Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP



Change



Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP



Change



Addition

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:

THOMAS E. MCCLARY  
1/9/97 (561) 997-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)