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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1900 CORPORATE BLVD.
Suite, Apt. #, etc.
22 SUITE 400 E
City & State
23 BOCA RATON FL
Zip
24 33431 Country
25 USA

2a. Mailing Address
26 1900 CORPORATE BLVD.
Suite, Apt. #, etc.
27 SUITE 400 E
City & State
28 BOCA RATON FL
Zip
29 33431 Country
30 USA

3. Date Incorporated or Qualified

10/29/1992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

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	<input checked="" type="checkbox"/> DELETE
NAME	NONNENMANN, OTTO T	
STREET ADDRESS	17053 BROOKWOOD DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	WELSH, PATRICK J	
STREET ADDRESS	3 ESSEX ROAD	
CITY-ST-ZIP	SUMMIT NJ 07901	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HEWITT, WILLIAM J	
STREET ADDRESS	1170 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10029	
TITLE	TAS	<input checked="" type="checkbox"/> DELETE
NAME	ZONNER, LARRY W	
STREET ADDRESS	700 S.W. 75TH TERRACE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MCCLARY, THOMAS E	
STREET ADDRESS	6001 BROKEN SOUND PKWY., STE. 600	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	QUIGLEY, JOHN E	
STREET ADDRESS	22 CHAMBERS ST	
CITY-ST-ZIP	PRINCETON NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICHARD FRIED
1.3 STREET ADDRESS	1900 CORPORATE BLVD, SUITE 400 E
1.4 CITY-ST-ZIP	BOCA RATON, FL 33431
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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.

SIGNATURE:

Richard Fried

4/7/98

(561) 988-2560

CR2E034 (10/97)