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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F92000000352 (6)

1. Corporation Name

SUN PHARMACEUTICALS CORP.

Principal Place of Business

50 N. DUPONT HWY
P.O. BOX 7016
DOVER DE 19903-1516
US

Mailing Address

P.O. BOX 7016
DOVER DE 19903-1516
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/19/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

04-3169080

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

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 type and print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	RECOLE, MAXWELL R	
STREET ADDRESS	300 NYALA FARMS ROAD	
CITY-ST-ZIP	WESTPORT CT	
TITLE	AS	DELETE
NAME	STAMMER, WILLIAM B	
STREET ADDRESS	300 NYALA FARMS ROAD	
CITY-ST-ZIP	WESTPORT CT	
TITLE	VT	DELETE
NAME	FORBES, GLENN A	
STREET ADDRESS	50 NORTH DUPONT HIGHWAY	
CITY-ST-ZIP	DOVER DE	
TITLE	D	DELETE
NAME	DOUGLAS D. WHEAT	
STREET ADDRESS	300 CRESCENT COURT, SUITE 1700	
CITY-ST-ZIP	DALLAS TX	
TITLE	DP	DELETE
NAME	MICHAEL R. GALLAGHER	
STREET ADDRESS	300 NYALA FARMS ROAD	
CITY-ST-ZIP	WESTPORT CT	
TITLE	DV	DELETE
NAME	MICHAEL F. GOSS	
STREET ADDRESS	300 NYALA FARMS ROAD	
CITY-ST-ZIP	WESTPORT CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	Change	Addition
22 NAME	S	
23 STREET ADDRESS	Yestrumskas, Paul E.	
24 CITY-ST-ZIP	300 Nyala Farms Road	
31 TITLE	Change	Addition
32 NAME	T	
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	Change	Addition
62 NAME	V	
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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:

Glenn A. Forbes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

(302) 678-6000

Date

Daytime Phone #

CR2E034 (9/96)