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Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002681 (1)

1. Corporation Name

FLORIDA PHARMACEUTICAL RESEARCH CORP.

Principal Place of Business

8701 MALLARD CREEK ROAD  
CHARLOTTE NC 28262

Mailing Address

8701 MALLARD CREEK ROAD  
CHARLOTTE NC 28262

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1997

4. FEI Number

56-2023044

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

2. Principal Place of Business

21 36338 US Hwy 19 N

Suite, Apt. #, etc.

22

City & State

23 Palm Harbor, FL

Zip

24 34684

Country

25 via Pinellas

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
528 E PARK AVENUE  
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 fee payable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS ZIEGLER, ART  
CITY-ST-ZIP 36338 US 19 NORTH  
PALM HARBOR FL

TITLE ☐ DELETE

NAME TD  
STREET ADDRESS KATZ, BARRY  
CITY-ST-ZIP 36338 US 19 NORTH  
PALM HARBOR FL

TITLE ☐ DELETE

NAME S  
STREET ADDRESS LOCKE, TRACI  
CITY-ST-ZIP 8701 MALLARD CREEK ROAD  
CHARLOTTE NC

TITLE ☐ DELETE

NAME D  
STREET ADDRESS DAVIS, D S  
CITY-ST-ZIP 8701 MALLARD CREEK ROAD  
CHARLOTTE NC

TITLE ☐ DELETE

NAME D  
STREET ADDRESS PHILLIPS, BARRIE M  
CITY-ST-ZIP 3949 EVANS AVENUE, STE 300  
FORT MYERS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*[Signature]*

BARRY B. KATZ

3/5/98

813-785-9046

CR2E034 (10/97)