

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J82099 (9)

1. Corporation Name

HEALTHCARE DISTRIBUTION SYSTEMS, INC.

Principal Place of Business

2522 CAPITAL CIRCLE NE #10
TALLAHASSEE FL 32308-5068

Mailing Address

2522 CAPITAL CIRCLE NE #10
TALLAHASSEE FL 32308-5068



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1987		3a. Date of Last Report 06/29/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2836358		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SWARTZ, PHILIP D. 2522 CAPITAL CIRCLE NE #10 TALLAHASSEE FL 32308				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 resigning)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	SWARTZ, PHILIP D.	1.2 NAME	
STREET ADDRESS	379 CASTLETON CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	FRUIT, GAYLON	2.2 NAME	
STREET ADDRESS	3313 DARTMOOR DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	TUELL, KENNETH	3.2 NAME	
STREET ADDRESS	3026 SHAMROCK SOUTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96-- 422-0131
Dayton, Florida

CR2E034 (3/96)