

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jul 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K17847** (0)
1. Corporation Name
PROFESSIONAL RX SYSTEMS, INC.



Principal Place of Business 103 S. 3RD ST LANTANA FL 33462-2853	Mailing Address 103 S. 3RD ST-- LANTANA FL 33462-2853
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/07/1988	3a. Date of Last Report 07/08/1996	4. FEI Number 65-0032651	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		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 RIPLEY, RAYMOND, JR-- 235 NE 6TH AVE--- DELRAY BEACH FL 33483---		10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) c/o C T Corporation System 83 1200 South Pine Island Road 84 City Plantation FL 85 Zip Code 33324	
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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 **C T CORPORATION SYSTEM** *E. A. Wallace* **E. A. Wallace** Asst. Secretary
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE **6/18/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD ROBERT DELLA VALLE-- 103 S. 3RD ST--- IRVING TX 75063---	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P William R. Korslin 1771 W. Diehl Rd, Ste 210 Naperville, IL 60563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JAMES SHELTON--- 8015 FREEPORT OKWY #260- IRVING TX 75063---	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Edward Kuntz 15415 Katy Freeway, Ste 800 Houston, TX 77094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *William R. Korslin* **William R. Korslin** 620/205-8600

CR2E034 (9/96)