

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K74001** (4)

1. Corporation Name
RESPIRATORY PHARMACEUTICALS, INC.



Principal Place of Business: 3156 S ORANGE AVE #B ORLANDO FL 32806
Mailing Address: 3156 S ORANGE AVE #B ORLANDO FL 32806

3. Date Incorporated or Qualified: **03/20/1989**
3a. Date of Last Report: **06/13/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2936576**
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: **OSTNER, CHARLES F., JR. 6815 SEMINOLE DR ORLANDO FL 32812**
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTNER, CHARLES F. JR.	2. NAME	
STREET ADDRESS	6815 SEMINOLE DR	3. STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	4. CITY-STATE-ZIP	
TITLE	DST	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRODSKI, WILLIAM J.	6. NAME	
STREET ADDRESS	1836 SENECA BLVD	7. STREET ADDRESS	
CITY-STATE-ZIP	WINTER SPGS FL	8. CITY-STATE-ZIP	
TITLE	D	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTNER, PATRICIA L.	10. NAME	
STREET ADDRESS	6815 SEMINOLE DR	11. STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	12. CITY-STATE-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		14. NAME	D JOAN C. GRODSKI
STREET ADDRESS		15. STREET ADDRESS	1836 SENECA BLVD.
CITY-STATE-ZIP		16. CITY-STATE-ZIP	WINTER SPRINGS FL 32708
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-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 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 J. Grodski* **WILLIAM J. GRODSKI** 1/25/96 (407) 857-7121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time/Phone #

CR2E034 (12/95)