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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **L32696** (1)

1. Corporation Name
STONE PHARMA RESEARCH, INC.

Principal Place of Business Making Address
1774 S. DRIVE SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/29/1989	3a. Date of Last Report 02/10/1994
4. FEI Number 65-0160794	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. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**PATTERSON, JOHN
46 NORTH WASHINGTON BLVD.
#1
SARASOTA FL 34236**

10. Name and Address of New Registered Agent	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____
Signature of person named as registered agent and the corporation (NOTE: Registered Agent signature required when removing)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	GEBHARD, H. DIETER
STREET ADDRESS	1774 S. DR
CITY, ST, ZIP	SARASOTA FL
TITLE	VPSD
NAME	PETRIK, GERD
STREET ADDRESS	1538 CASEY KEY RD
CITY, ST, ZIP	NOKOMIS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	H. Dieter Gebhard
1.3 STREET ADDRESS	1774 South Drive
1.4 CITY, ST, ZIP	Sarasota, FL 34239
2.1 TITLE	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gerd Petrik
2.3 STREET ADDRESS	1538 N. Casey Key Road
2.4 CITY, ST, ZIP	Osprey, FL 34229
3.1 TITLE	S, VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Linda Gebhard
3.3 STREET ADDRESS	1774 South Drive
3.4 CITY, ST, ZIP	Sarasota, FL 34239
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Linda Gebhard*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
Linda Gebhard, Secretary

3/10/95 813-364-9609