File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

	100		C. T. C.	DIVISION OF C	CONFORMIONS	J 98 A1	PR 15 AM 11:42	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							•	
\$ 188				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 1,9600000679						INDERTINOSEE, FLURIDA		
GIODAL DUADAN COMMUNICATION COMPUNICATION CO						1a. Principal Place of Business Address		
GLOBAL PHARMACEUTICAL, LLC -705 FISK STREET						TAE MICK CONDERM		
SUITE 111						7 05 FISK STREET SUITE 1 11		
JACKSONVILLE FL 32204						JACKSONVILLE FL 32204		
2. Principal Place of Business 2a. Mailing Address						3. Date Organized or Qualified	3a. State of Formation	
2. Principal Place of Business 70/Firk / from 74/Firk / from 74/Firk / from 5 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.						06/21/1996	FL	
Suite, Apt. #, etc. Suite, Ap				t. #, etc.		4. FEI Number	·	
Chu e Cia	City & State City & Sta			tru 200		-	Applied For	
Ony a Sta	City & State			ale		59-3384807	Not Applicable	
Zip		Country	Zip		Country	5. Date of Last Report	6. Certificate of Status Desired	
			}	Ì		04/07/1997	56 75 Additional Fee Hequired	
7. Name and Address of Current Registered			Agent	8.	Name and Address of New Registered Agent/Office			
					Name			
	RAX CO.,					O Bay Number in Alas Assental	hla\	
	50 NORTH LAURA STREET 3400 BARNETT CENTER					P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32202					Suite, Apt. #, etc.	2000024969527 Suite, Apt. #, etc: -04/22/9801092011		
							88.75 ****188.75	
					City		Zip Code	
						<u>FL</u>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.								
\$IGNATURE DATE								
SIGNATURE))		
10. Title	le Managing Members/Managers			Business Street Address		City	, State and Zip Code	
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MGR	MGR EG GLOBAL, INC.			701 FISK STREET		JACKSONVILLE FL		
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11. Ido e	reby certify that	the information supp	lied with this filing d	oes not qualify for th	ne exemption stated in Se	ction 119 07/3) (i). Florida Statutes	I further certify that the information	

11. Ido gereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE D OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Date

Date

Date

Date

Description 119,07(3) (i), Florida Statutes. Hurther certify that the information in the informa