FILE NOW: Fee after May 1, will be \$588.75

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	D LIABILITY NNUAL RE 1997		F	LORIDA DEPARTME Sandra B. Mo Secretary of a DIVISION OF CORF	ortham Si a te	97 MAY -5 AM 8: 32			
FILING \$ 203.		Annual Report \$100.00 e Check Payable To							
1. Name a of Limit M	and Mailing Addited Liability Com IERCK-ME I.C. 5504 CRA	pany DOCUI DCO RX SERV LIGMONT DRIV 33619	1a. Principal Place of Business Address 3504 CRAIGMONT DRIVE TAMPA FL 33619						
If above mailing address is incorrect in any way, line through incorrect 2 Principal Place of Business 2a. Maille				ng Address NO CC	d 100, 270.	3. Date Organize	ed or Qualified	3a. State	of Formation
Suite, Apt. #, etc. Suite, Apt				e Meyck Drive 10/11 52 F96			96	FL	Applied For
City & State City & Sta				tehouse Sto	uhon.NY	22-34 5. Date of Lest F			Not Applicable
Zip		Country	Zip	89-0100 Count	ry 7	S. Daile Of Castr	Jehou :		honal Fee Required
	7. Name	and Address of Current F			Name	8. Name and Add	ress of New Ro	egistered A	gent
1200 PLANT	SOUTH F	ON SYSTEM TINE ISLAND L 33324		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. SUID 2171919					
its register	red office or regis	one or Sections 508.410 a stered agent, or both, in the accept the obligations.	State of Flor	, Florida Statutes, tre at rida. Such change was a	uthorized by affirms	tive vote of a majori	ty of the membe	rs. I hereby a	ocept the appointment
SIGNATU	IRE	(Registered Agent Accepting A	NOTE: Registered Agent signatur	(required when reinglating)					
10. Title	Managing Members/Managers		Business Street Address			City, State and Zip Code			
MEM	KANTER, CARL I			100 SUMMIT AVE.			MONTVALE NJ		
MEM	WEINSTEIN, BERT I			100 SUMMIT AVE.			MONTVALE NJ		
MEM	APKER, THOMAS			100 SUMMIT		MONTVALE NJ			
				ONE MERCK		WHITEHOUSE STATION NJ			
P 1 146-			one Merc			whiteh whith	WSC 9	Station, NS	

11. Loo hereby certify that the information supplied with this filling 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 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/10/97 (908)423-1000