FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:41

DOCUMENT # N94000003400 (8)

1. Corporation Name

PALM BEACH PROFESSIONAL PHARMACEUTICAL REPRESENT ATIVES' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
203 CHARTER WAY WEST PALM BEACH FL 33407	203 CHARTER WAY WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report:
4. FEI Number: [ ] Applied For [X] 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent

WEST, JASON
203 CHARTER WAY
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name: same as
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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	[X] Change [ ] Addition
NAME	ANDREAS, ELISE	1.2 NAME	
STREET ADDRESS	500 BELLA VISTA WAY NO. 204	1.3 STREET ADDRESS	1318 13th Lane
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410
TITLE	D	2.1 TITLE	[ ] Change [X] Addition
NAME	BEASON, TAMELA	2.2 NAME	Sandra Hippler
STREET ADDRESS	1031 RAINTREE DR	2.3 STREET ADDRESS	2551 Pepperwood Circle
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	D	3.1 TITLE	[ ] Change [ ] Addition
NAME	KUDYBA, JOE	3.2 NAME	
STREET ADDRESS	P O BOX 855 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	[ ] Change [ ] Addition
NAME	STEINHARDT, IRA	4.2 NAME	
STREET ADDRESS	5377 GRAND PARK PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	[ ] Change [ ] Addition
NAME	WEST, JASON	5.2 NAME	
STREET ADDRESS	203 CHARTER WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [X] Addition
NAME		6.2 NAME	Ellen Parry
STREET ADDRESS		6.3 STREET ADDRESS	2359 Treasure Isle Dr. A37
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jason West 3/1/95 687-4415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040177