


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P05141 (7) 1. Corporation Name HARCO DRUG, INC.		



Principal Place of Business 3925 RICE MINE ROAD, N.E. TUSCALOOSA AL 35406	Mailing Address 3925 RICE MINE ROAD, N.E. TUSCALOOSA AL 35406
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 3165 Suite, Apt. #, etc. 22 City & State 23 Harrisburg, PA Zip 24 17105 Country 25		2a. Mailing Address 26 P.O. Box 3165 Suite, Apt. #, etc. 27 City & State 28 Harrisburg, PA Zip 29 17105 Country 30		3. Date Incorporated or Qualified 03/01/1985	
4. FEI Number 63-0522700		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ZAPRISKO, ALBERT 9941 - 39TH STREET, NORTH PINELLAS PARK FL 33565		10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEMS 82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road 83 84 City Plantation FL 85 Zip Code 33324	
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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 <i>Ann J. Williams</i> Signature, typed or printed name of registered agent and title if applicable. ANN J. WILLIAMS Assistant Vice President DATE 4/22/98	
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12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, JAMES I. JR. 29 ARCADIA TUSCALOOSA AL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P CHARLES KISLER 30 Hunter Lane Camp Hill PA 17011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, ROBERT G. 39-G NORTHWOOD LAKE NORTHPORT AL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Frank Bergonzi 30 Hunter Lane Camp Hill, PA 17011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRISON, PEGGY T. 29 ARCADIA TUSCALOOSA AL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VT Joseph Speaker 30 Hunter Lane Camp Hill, PA 17011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VS E. LAWRENCE GELMAN 30 Hunter Lane Camp Hill, PA 17011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D FRANKLIN BROWN 30 HUNTER LANE Camp Hill, PA 17011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D ELIOT S. GERSON 30 HUNTER LANE Camp Hill, PA 17011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	
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SIGNATURE: <i>Ann J. Williams</i> 4/21/98 6071761-2633
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CR2E034 (10/97)