

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90108 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05141

1. Corporation Name
HARCO DRUG, INC.

Principal Place of Business

Mailing Address

P O BOX 3165
HARRISBURG PA 17105
US

P O BOX 3165
HARRISBURG PA 17105
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/01/1985	4. FEI Number 63-0522700	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIBLER, CHARLES	1.2 NAME	
STREET ADDRESS	30 HUNTER LANE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CAMP HILL PA 17011	1.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGONZI, FRANK	2.2 NAME	
STREET ADDRESS	30 HUNTER LANE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CAMP HILL PA 17011	2.4 CITY-STATE-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEAKER, JOSEPH	3.2 NAME	
STREET ADDRESS	30 HUNTER LANE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CAMP HILL PA 17011	3.4 CITY-STATE-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELMAN, LAWRENCE	4.2 NAME	
STREET ADDRESS	30 HUNTER LANE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CAMP HILL PA 17011	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, FRANKLIN	5.2 NAME	
STREET ADDRESS	30 HUNTER LANE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	CAMP HILL PA 17011	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSON, ELLIOT S	6.2 NAME	
STREET ADDRESS	30 HUNTER LANE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	CAMP HILL PA 17011	6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Bergeronzi 4-23-99 (717) 761-2633

Date

Daytime Phone #

CR2E034 (11/98)

0544805