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Mar 04 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P36816 (7)

1. Corporation Name
DURR DRUG COMPANY, INC.



Principal Place of Business: 301 BROWN SPRINGS ROAD MONTGOMERY AL 36117 US
 Mailing Address: P.O. BOX 244008 MONTGOMERY AL 36124-4008 US

3. Date Incorporated or Qualified: 12/26/1991
 3a. Date of Last Report: 02/27/1996
 4. FEI Number: 63-1053561
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
 2a. Mailing Address: 26 P.O. BOX 5915; 27 Suite, Apt. #, etc.; 28 Orange, CA; 29 Zip: 92868; 30 Country

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name
 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 firm in with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	ASD	<input type="checkbox"/> DELETE
NAME	SAWDEI, MILAN A.	
STREET ADDRESS	4000 METROPOLITAN DRIVE	
CITY-ST-ZIP	ORANGE CA	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	SCHMITT, ERIC J	
STREET ADDRESS	4000 METROPOLITAN DRIVE	
CITY-ST-ZIP	ORANGE CA	
TITLE	CFOP	<input type="checkbox"/> DELETE
NAME	DIMICK, NEIL F.	
STREET ADDRESS	4000 METROPOLITAN DRIVE	
CITY-ST-ZIP	ORANGE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIMICK, NEIL F.	
STREET ADDRESS	4000 METROPOLIATN DRIVE	
CITY-ST-ZIP	ORANGE CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Eric J. Schmitt, VP Finance, Treas. 2-18-97 714 385-8000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)