

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

175

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P39735** (6)
 1. Corporation Name
SUNPHARM CORPORATION



Principal Place of Business: **4651 SALISBURY RD., SUITE 205 JACKSONVILLE FL 32256**
 Mailing Address: **4651 SALISBURY RD., SUITE 205 JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified: **07/17/1992**
 3a. Date of Last Report: **10/11/1995**
 4. FEI Number: **59-3097048**
 Applied For: 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature to be printed in Block 12 or Block 13. Date to be printed when changing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORG, STEFAN	12 NAME	
STREET ADDRESS	4651 SALISBURY RD., SUITE 205	13 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	14 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANICKI, ROBERT S., M.D.	22 NAME	
STREET ADDRESS	318 FERN STREET	23 STREET ADDRESS	
CITY - ST - ZIP	DUCK KEY FL 33050	24 CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REJEANGE, JACQUES F	32 NAME	
STREET ADDRESS	3060 GRAND BAY BLVD.	33 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34232	34 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEGLER, CRAIG	42 NAME	Tracy, Philip R.
STREET ADDRESS	609 DAUPHINE AVE.	43 STREET ADDRESS	420 Drummond Dr
CITY - ST - ZIP	NORTHBROOK IL 60062	44 CITY - ST - ZIP	Raleigh, NC 27609
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOELLHORN, ROBERT A.	52 NAME	
STREET ADDRESS	105 S. BERTELSON	53 STREET ADDRESS	
CITY - ST - ZIP	EUGENE OR 97402	54 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, GEORGE B.	62 NAME	
STREET ADDRESS	140 GREENWICH AVE.	63 STREET ADDRESS	
CITY - ST - ZIP	GREENWICH CT 06062	64 CITY - ST - ZIP	

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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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Stefan Borg* **Stefan Borg, PSTD** 8/7/96 904-296-3320
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)