

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/17/1992</b>	3a. Date of Last Report <b>08/16/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3097048</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSD</b>	1.1 TITLE	<b>D</b>
NAME	<b>BORG, STEFAN</b>	1.2 NAME	<b>Charles L. Dimmler III</b>
STREET ADDRESS	<b>4651 SALISBURY RD., SUITE 205</b>	1.3 STREET ADDRESS	<b>4 Flora Drive</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	1.4 CITY-ST-ZIP	<b>Holmdel, NJ 07733</b>
TITLE	<b>D</b>	2.1 TITLE	<b>D</b>
NAME	<b>JANICKI, ROBERT S., M.D.</b>	2.2 NAME	<b>Jerry T. Jackson</b>
STREET ADDRESS	<b>318 FERN STREET</b>	2.3 STREET ADDRESS	<b>3121 E. Crest Shadows Lane</b>
CITY-ST-ZIP	<b>DUCK KEY FL 33050</b>	2.4 CITY-ST-ZIP	<b>Tucson, AZ 85718</b>
TITLE	<b>C</b>	3.1 TITLE	<b>D</b>
NAME	<b>REJEANGE, JACQUES F</b>	3.2 NAME	<b>Norman Lipoff</b>
STREET ADDRESS	<b>3060 GRAND BAY BLVD.</b>	3.3 STREET ADDRESS	<b>3 Grove Isle Drive, #1009</b>
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	3.4 CITY-ST-ZIP	<b>Miami, FL 33133</b>
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>TRACY, PHILIP R.</b>	4.2 NAME	
STREET ADDRESS	<b>420 DRUMMOND DR..</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RALEIGH NC 27609</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>SCHOELLHORN, ROBERT A.</b>	5.2 NAME	
STREET ADDRESS	<b>105 S. BERTELSON</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EUGENE OR 97402</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	
NAME	<b>SCHWARTZ, GEORGE B.</b>	6.2 NAME	
STREET ADDRESS	<b>140 GREENWICH AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENWICH CT 06062</b>	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:

Stefan Borg

8/20/97

904-296-3320

CR2E034 (4/97)