

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 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/17/1992	3a. Date of Last Report 08/16/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3097048	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORG, STEFAN	1.2 NAME	Charles L. Dimmler III
STREET ADDRESS	4651 SALISBURY RD., SUITE 205	1.3 STREET ADDRESS	4 Flora Drive
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	Holmdel, NJ 07733
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANICKI, ROBERT S., M.D.	2.2 NAME	Jerry T. Jackson
STREET ADDRESS	318 FERN STREET	2.3 STREET ADDRESS	3121 E. Crest Shadows Lane
CITY-ST-ZIP	DUCK KEY FL 33050	2.4 CITY-ST-ZIP	Tucson, AZ 85718
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REJEANGE, JACQUES F	3.2 NAME	Norman Lipoff
STREET ADDRESS	3060 GRAND BAY BLVD.	3.3 STREET ADDRESS	3 Grove Isle Drive, #1009
CITY-ST-ZIP	SARASOTA FL 34232	3.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACY, PHILIP R.	4.2 NAME	
STREET ADDRESS	420 DRUMMOND DR..	4.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27609	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOELLHORN, ROBERT A.	5.2 NAME	
STREET ADDRESS	105 S. BERTELSON	5.3 STREET ADDRESS	
CITY-ST-ZIP	EUGENE OR 97402	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, GEORGE B.	6.2 NAME	
STREET ADDRESS	140 GREENWICH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 60062	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)