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FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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	
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 checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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
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

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	BORG, STEFAN	
STREET ADDRESS	4651 SALISBURY RD., SUITE 205	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JANICKI, ROBERT S., M.D.	
STREET ADDRESS	318 FERN STREET	
CITY-ST-ZIP	DUCK KEY FL 33050	
TITLE	C	<input type="checkbox"/> DELETE
NAME	REJEANGE, JACQUES F	
STREET ADDRESS	3060 GRAND BAY BLVD.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRACY, PHILIP R.	
STREET ADDRESS	420 DRUMMOND DR..	
CITY-ST-ZIP	RALEIGH NC 27609	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHOELLHORN, ROBERT A.	
STREET ADDRESS	105 S. BERTELSON	
CITY-ST-ZIP	EUGENE OR 97402	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, GEORGE B.	
STREET ADDRESS	140 GREENWICH AVE.	
CITY-ST-ZIP	GREENWICH CT 06082	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Charles L. Dimmler III	
1.3 STREET ADDRESS	4 Flora Dr	
1.4 CITY-ST-ZIP	Holmdel, NJ 07733	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jerry T. Jackson	
2.3 STREET ADDRESS	3121 E. Crest Shadows Ln	
2.4 CITY-ST-ZIP	Tucson, AZ 85718	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Norman H. Lipoff	
3.3 STREET ADDRESS	3 Grove Isle Dr, #1009	
3.4 CITY-ST-ZIP	Miami, FL 33133	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jay Moorin	
4.3 STREET ADDRESS	31 Hereford Dr	
4.4 CITY-ST-ZIP	Princeton Junction, NJ 08550	
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 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: *[Signature]* **April 8 1998 904-296-3320**

CR2E034 (10/97)