


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**



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.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3097048	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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

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	PSTD	1.1 TITLE	D
NAME	BORG, STEFAN	1.2 NAME	Charles L. Dimmler III
STREET ADDRESS	4651 SALISBURY RD., SUITE 205	1.3 STREET ADDRESS	4 Flora Dr
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	Holmdel, NJ 07733
TITLE	D	2.1 TITLE	D
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 Ln
CITY-ST-ZIP	DUCK KEY FL 33050	2.4 CITY-ST-ZIP	Tucson, AZ 85718
TITLE	C	3.1 TITLE	D
NAME	REJEANGE, JACQUES F	3.2 NAME	Norman H. Lipoff
STREET ADDRESS	3060 GRAND BAY BLVD.	3.3 STREET ADDRESS	3 Grove Isle Dr, #1009
CITY-ST-ZIP	SARASOTA FL 34232	3.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	D	4.1 TITLE	D
NAME	TRACY, PHILIP R.	4.2 NAME	Jay Moorin
STREET ADDRESS	420 DRUMMOND DR..	4.3 STREET ADDRESS	31 Hereford Dr
CITY-ST-ZIP	RALEIGH NC 27609	4.4 CITY-ST-ZIP	Princeton Junction, NJ 08550
TITLE	D	5.1 TITLE	
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	6.1 TITLE	
NAME	SCHWARTZ, GEORGE B.	6.2 NAME	
STREET ADDRESS	140 GREENWICH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06082	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:

April 8 1998 904-296-3320

CR2E034 (10/97)