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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90224 048 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P39735

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 21 814 Highway A1A Suite, Apt. #, etc. 22 Suite 301 City & State 23 Ponte Vedra Beach, FL Zip Country 24 32082 25 USA		2a. Mailing Address 26 814 Highway A1A Suite, Apt. #, etc. 27 Suite 301 City & State 28 Ponte Vedra Beach, FL Zip Country 29 32082 30 USA		3. Date Incorporated or Qualified 07/17/1992	
		4. FEI Number 59-3097048		Applied For Not Applicable	
		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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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	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	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORG, STEFAN	1.2 NAME	BORG, STEFAN
STREET ADDRESS	4651 SALISBURY RD., SUITE 205	1.3 STREET ADDRESS	220 Pablo Road
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANICKI, ROBERT S., M.D.	2.2 NAME	BRYANT, CECILIA
STREET ADDRESS	318 FERN STREET	2.3 STREET ADDRESS	4339 ORTEGA FOREST DRIVE
CITY-ST-ZIP	DUCK KEY FL 33050	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	C <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REJEANGE, JACQUES F	3.2 NAME	JACKSON, JERRY THOMAS
STREET ADDRESS	3060 GRAND BAY BLVD.	3.3 STREET ADDRESS	7212 N. SECRET CANYON DRIVE
CITY-ST-ZIP	SARASOTA FL 34232	3.4 CITY-ST-ZIP	TUCSON, AZ 85718
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACY, PHILIP R.	4.2 NAME	TRACY, PHILIP R.
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOELLHORN, ROBERT A.	5.2 NAME	DIMMLER III, CHARLES L.
STREET ADDRESS	105 S. BERTELSON	5.3 STREET ADDRESS	4 FLORA DRIVE
CITY-ST-ZIP	EUGENE OR 97402	5.4 CITY-ST-ZIP	HOLMDEL, NJ 07733
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, GEORGE B.	6.2 NAME	MOORIN, JAY
STREET ADDRESS	140 GREENWICH AVE.	6.3 STREET ADDRESS	31 HEREFORD DRIVE
CITY-ST-ZIP	GREENWICH CT 60062	6.4 CITY-ST-ZIP	PRINCETON JUNCTION, NJ 08550

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, with all other like empowered.

SIGNATURE: Stefan Borg **STEFAN BORG** 4/15/99 904-394-2800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)