

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 29 AM 8:49

DOCUMENT # P92000014444 (3)

1. Corporation Name

MYPHARM INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**4 ORCHID COURT
 SOMERSET NJ 08873
 US**

**4 ORCHID COURT
 SOMERSET NJ 08873
 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/21/1992

3a. Date of Last Report

04/14/1994

4. FEI Number

22-3214890

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PUTNAL, BRYAN L
 225 WATER ST.
 SUITE 1800
 JACKSONVILLE FL 32202**

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

Signature: Typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **P**
 NAME: **PUTNAL, DIANA**
 STREET ADDRESS: **10358 SLYVAN BLUFF LANE**
 CITY - ST - ZIP: **JACKSONVILLE FL**

11 TITLE: Change Addition
 12 NAME:
 13 STREET ADDRESS:
 14 CITY - ST - ZIP: Change Addition

TITLE: **VST**
 NAME: **PUTNAL, J. CRAIG**
 STREET ADDRESS: **4 ORCHID STREET**
 CITY - ST - ZIP: **SOMERSET NJ 08873**

21 TITLE:
 22 NAME:
 23 STREET ADDRESS:
 24 CITY - ST - ZIP: Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

31 TITLE: Change Addition
 32 NAME:
 33 STREET ADDRESS:
 34 CITY - ST - ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

41 TITLE: Change Addition
 42 NAME:
 43 STREET ADDRESS:
 44 CITY - ST - ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

51 TITLE: Change Addition
 52 NAME:
 53 STREET ADDRESS:
 54 CITY - ST - ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

61 TITLE: Change Addition
 62 NAME:
 63 STREET ADDRESS:
 64 CITY - ST - ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Jane Craig Putnal*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 23, 95 908846-0132
 DATE (Type) (Typed Name)

CR2E034 (3/95)