FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1996

Principal Place of Business

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

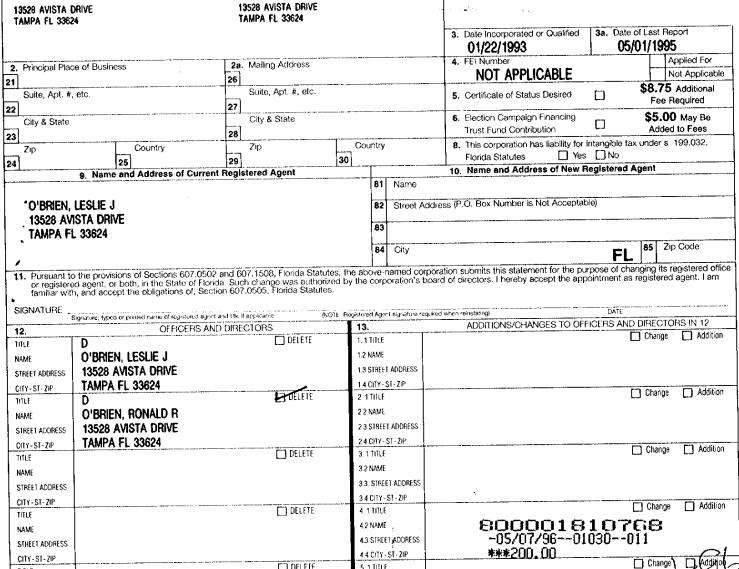
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P93000006771	(8)

SPECIALTY CARE PRODUCTS INC.



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)(k), 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. 6.4 CITY - ST- ZIP

5 1 TITLE ,

5.2 NAME {

6 1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CiTY - S1 - ZIP

DELETE

DELETE

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034

Addition

Change