FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000024532 (0)

1. Corporation Name

RX AUTOMATION INCORPORATED

Principal Place of Business
931 PALM TRAIL. #1
DELRAY BEACH FL 33483

Mailing Address
931 PALM TRAIL. #1
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 03/27/1995
3a. Date of Last Report:

2. Principal Place of Business
21 101 S.E. 6th Avenue
Suite, Apt. #, etc.
22 Suite C
City & State
23 Delray Beach, Florida
Zip
24 33483
Country
25 USA

2a. Mailing Address
26 101 S.E. 6th Avenue
Suite, Apt. #, etc.
27 Suite C
City & State
28 Delray Beach, Florida
Zip
29 33483
Country
30 USA

4. FEI Number: 65-0618214 ☐ 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

9. Name and Address of Current Registered Agent

SCHRÖEDER, MICHAEL A
2255 GLADES ROAD
SUITE 319-ATRIUM
BOCA RATON FL 33431-7313

10. Name and Address of New Registered Agent

81 Name: Gostley, Patrick
82 Street Address (P.O. Box Number is Not Acceptable): 101 S.E. 6th Avenue, Suite C
83
84 City: Delray Beach FL 85 Zip Code: 33483

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: ______ DATE ______

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	CEO and Director	☒ Change ☐ Addition
NAME	GOSTLEY, PATRICK		1.2 NAME	Patrick Gostley	
STREET ADDRESS	931 PALM TRAIL, #1		1.3 STREET ADDRESS	101 S.E. 6th Avenue, Suite C	
CITY-ST-ZIP	DELRAY BEACH FL 33483		1.4 CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		☐ DELETE	2.1 TITLE	President	☐ Change ☒ Addition
NAME			2.2 NAME	Robert D. Lohman	
STREET ADDRESS			2.3 STREET ADDRESS	801 Glouchester street	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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)(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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   DATE   Daytime Phone #

CR2E034 (12/95)