

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

FILED

Apr 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000024532 (0)**

1. Corporation Name

**RX AUTOMATION INCORPORATED**



Principal Place of Business

Mailing Address

**101 SE 6TH AVE  
SUITE C  
DELRAY BEACH FL 33483  
US**

**101 SE 6TH AVENUE  
SUITE C  
DELRAY BEACH FL 33483-5261  
US**

3. Date Incorporated or Qualified  
**03/27/1995**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 **1025 NW 17th Ave.**

26 **1025 NW 17th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Delray Beach, FL**

28 **Delray Beach, FL**

Zip

Country

Zip

Country

24 **33445**

25 **Palm Bch**

29 **33445**

30 **Palm Bch**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOSTLEY, PATRICK  
101 SE 6TH AVENUE, SUITE C  
DELRAY BEACH FL 33483**

81 Name **Robert D. Lohman**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1025 NW 17th Avenue**  
83 **Delray Beach, FL**  
84 City **Delray Beach** **FL** 85 Zip Code **33445**

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 of Registered Agent

(NOTE: Registered Agent signature required when reinstating)

**3/24/97**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOSTLEY, PATRICK</b>	
STREET ADDRESS	<b>101 SE 6TH AVENUE SUITE C</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LOHMAN, ROBERT D</b>	
STREET ADDRESS	<b>801 GLOUCESTER STREET</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>C.E.O., Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Colin N. Jones</b>	
1.3 STREET ADDRESS	<b>193 Cove Rd.</b>	
1.4 CITY-ST-ZIP	<b>W. Palm Beach, FL 33413</b>	
2.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Scott T. Rhine</b>	
2.3 STREET ADDRESS	<b>932 Iris Dr.</b>	
2.4 CITY-ST-ZIP	<b>Delray Beach, FL 33483</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 officer 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. I changed, or am attaching with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert D. Lohman**  
President

**3/24/97 561-265-2020**

Date

Daytime Phone #

CR2E034 (9/96)