


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

FILED  
Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000034157 (4) 1. Corporation Name REXALL SHOWCASE INTERNATIONAL, INC.					
Principal Place of Business 853 BROKEN SOUND PARKWAY NORTHWEST BOCA RATON FL 33487 US			Mailing Address 853 BROKEN SOUND PARKWAY NORTHWEST BOCA RATON FL 33487 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/02/1995 4. FEI Number 65-0580922 5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WERBER, RICHARD 853 BROKEN SOUND PARKWAY, N.W. BOCA RATON FL 33487				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESANTIS, DAMON		1.2 NAME		
STREET ADDRESS	853 BROKEN SOUND PARKWAY, NW		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAST, CHRISTIAN		2.2 NAME		
STREET ADDRESS	853 BROKEN SOUND PARKWAY, NW		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COTTON, GEARY		3.2 NAME		
STREET ADDRESS	853 BROKEN SOUND PARKWAY, NW		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WERBER, RICHARD		4.2 NAME		
STREET ADDRESS	853 BROKEN SOUND PARKWAY, NW		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESANTIS, DEAN		5.2 NAME		
STREET ADDRESS	853 BROKEN SOUND PARKWAY, NW		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE:

*[Signature]* V.P.

1/22/98

CR2E034 (10/97)