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 # **P95000072671 (7)**

1. Corporation Name

RX ONE, INC.

Principal Place of Business	Mailing Address
601 SOUTH LAKE DESTINY DRIVE SUITE 250 MAITLAND FL 32751	601 SOUTH LAKE DESTINY DRIVE SUITE 250 MAITLAND FL 32751

3. Date Incorporated or Qualified: **09/18/1995**
3a. Date of Last Report: NONE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: [X] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

DEGLOMINE, ANTHONY III
800 NORTH MAGNOLIA AVENUE
SUIE 1500
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: BYRD, B. C.
82 Street Address (P.O. Box Number is Not Acceptable): 601 SOUTH LAKE DESTINY DRIVE
83: SUITE 250
84 City: MAITLAND **FL** 85 Zip Code: 32751

11. Pursuant to the provisions of Sections 607.0505 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] (Signature of New Registered Agent, if changing) (Signature of Former Registered Agent, if changing) DATE: 2/19/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	D	[ ] DELETE	1 TITLE	D/S/T	[X] Change [ ] Addition
2 NAME	BYRD, B. C		2 NAME	BYRD, B. C.	
3 STREET ADDRESS	601 SOUTH LAKE DESTINY DRIVE, SUITE 250		3 STREET ADDRESS	601 SOUTH LAKE DESTINY DRIVE, SUITE 250	
4 CITY-ST-ZIP	MAITLAND FL 32751		4 CITY-ST-ZIP	MAITLAND FL 32751	
5 TITLE	D	[ ] DELETE	5 TITLE	D/P	[X] Change [ ] Addition
6 NAME	MAYVILLE, WILLIAM E		6 NAME	MAYVILLE, WILLIAM E.	
7 STREET ADDRESS	601 SOUTH LAKE DESTINY DRIVE, SUITE 250		7 STREET ADDRESS	601 SOUTH LAKE DESTInY DRIVE, SUITE 250	
8 CITY-ST-ZIP	MAITLAND FL 32751		8 CITY-ST-ZIP	MAITLAND FL 32751	
9 TITLE		[ ] DELETE	9 TITLE		[ ] Change [ ] Addition
10 NAME			10 NAME		
11 STREET ADDRESS			11 STREET ADDRESS		
12 CITY-ST-ZIP			12 CITY-ST-ZIP		
13 TITLE		[ ] DELETE	13 TITLE		[ ] Change [ ] Addition
14 NAME			14 NAME		
15 STREET ADDRESS			15 STREET ADDRESS		
16 CITY-ST-ZIP			16 CITY-ST-ZIP		
17 TITLE		[ ] DELETE	17 TITLE		[ ] Change [ ] Addition
18 NAME			18 NAME		
19 STREET ADDRESS			19 STREET ADDRESS		
20 CITY-ST-ZIP			20 CITY-ST-ZIP		
21 TITLE		[ ] DELETE	21 TITLE		[ ] Change [ ] Addition
22 NAME			22 NAME		
23 STREET ADDRESS			23 STREET ADDRESS		
24 CITY-ST-ZIP			24 CITY-ST-ZIP		

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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)(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 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] 2/19/96 (407) 875-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
B. C. Byrd, Secretary

CR2E034 (12/95)