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

"PROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT " DOCUMENT					
DOCUMENT # P95000072671 (7)			97 AUG 22 PM 1: 20		
			J. Janes A.	REGERIATE SEE, FLORIDA	
RX ONE, INC.					
Principal Place of Business	Mailing Address		- I THEOLEN IND HURO HAND COME HAND E	8 julius 1988, 1888, 1888, 1888, 1888, 1888, 1888, 1888, 1888, 1888, 1888, 1888, 1888, 1888, 1888, 1888, 1888,	
801 SOUTH LAKE DESTINY DRIVE 801 SOUTH LAKE DESTINY SUITE 250 SUITE 250 MAITLAND FL 32751 MAITLAND FL 32751-7262		ORIVE			
			3. Date Incorporated or Qualified		ort
Principal Place of Business	2a. Mailing Address _ 1		09/18/1995 4. Fet Number 59 - 33:	02/27/1996	ied For
]	26 1016 W/97	m Aue.	3 / 33.		Applicable
Suite, Apt. #, etc.	Suite, Apt.:#, etc.	lo al	5. Certificate of Status Desired	\$8.75 Ad	ditional
	27 A++n: 1	ax Lept		Fee Requ	ired
City & State	City & State CDc	wain DA	6. Election Campaign Financing	\$5.00 M	
Zip Country	28 King 0+ Yr	Country	Trust Fund Contribution 8. This corporation has liability for		
25	29 10401	30 () > \(\lambda \)	Florida Statutes	Yes No	99.032,
9. Name and Address of Cur			10. Name and Address of New F	legistered Agent	
CT Corporation S	ivskm	81 Nam			
CT Corporation S 1800 South Pine	Island Road	82 Steam Add	20000e ***	27E779-	-3
Plantation FL 3	12214			797-01173-0	<u> </u>
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		84 City	-	85 7 in Co	
1. Pursuant to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute		poration submits this statement for the	FL ()	de
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the ob-	0502 and 607.1508, Florida Statute late of Florida. Such change was a ligations of, Section 607.0505, Flo		poration submits this statement for the ion's board of directors. I hereby acc	FL ()	de
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the obsIGNATURE			poration submits this statement for the ion's board of directors. I hereby acc	FL ()	de
Signature, typed or printed name of registered	agent and line if applicable (NOTE	is, the above-named corputhorized by the corporation of the corporatio	od whon reinstaling)	purpose of changing its rept the appointment as re	de egistere gistered
SIGNATURE Signature, typed or printed name of requisiting. 2. OFFICERS	of agent and this if applicable (NOTE	is, the above-named corputational statutes. Registered Agent signature requirements.	od when reinstaking) ADDITIONS/CHANGES TO OFF	purpose of changing its rept the appointment as re	egisteret gistered
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Signature. Speed or printed name of requestered 2. OFFICERS TILE DST BYRD, B. C REET ADDRESS TY-SI-ZIP TILE DP MAYVILLE, WILLIAM E	AND DIRECTORS DRIVE, SUITE 250 DELETE	ss, the above-named corputationized by the corporation of the corporat	ad whon reinstating) ADDITIONS/CHANGES TO OFF	purpose of changing its rept the appointment as re	registeret gistered IN 12
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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 receives at 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 only a state that an address.

6.4 CITY - ST - ZIP

4. 2 NAME 4

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 City - ST - ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE;

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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DELETE

5-3-97 610-992-7408

Change

Addition

Addition

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