

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

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Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000082103 (9)

1. Corporation Name  
BEACHSIDE PHARMACEUTICALS, INC.

Principal Place of Business  
114 AZALEA RD.  
EDGEWATER FL 32141

Mailing Address  
114 AZALEA RD.  
EDGEWATER FL 32141-7202



|                                                                                |  |                        |  |                                                                                         |  |                                                          |  |
|--------------------------------------------------------------------------------|--|------------------------|--|-----------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|
| 2. Principal Place of Business                                                 |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified                                                       |  | 3a. Date of Last Report                                  |  |
| 21 210 LIVE OAKS BLVD.                                                         |  | 25 210 LIVE OAKS BLVD. |  | 10/26/1995                                                                              |  | 05/01/1996                                               |  |
| 22 BLDG 2                                                                      |  | 27 BLDG 2              |  | 4. FEI Number                                                                           |  | Applied For                                              |  |
| 23 CASSELBERRY FL.                                                             |  | 28 CASSELBERRY FL.     |  | 59-3351479                                                                              |  | Not Applicable                                           |  |
| 24 32707                                                                       |  | 29 SEMINOLE            |  | 5. Certificate of Status Desired                                                        |  | \$8.75 Additional Fee Required                           |  |
| 25 SEMINOLE                                                                    |  | 30 SEMINOLE            |  | 6. Election Campaign Financing                                                          |  | \$5.00 May Be Added to Fees                              |  |
| 26                                                                             |  | 27                     |  | Trust Fund Contribution                                                                 |  | <input type="checkbox"/>                                 |  |
| 28                                                                             |  | 29                     |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 30                                                                             |  | 31                     |  |                                                                                         |  |                                                          |  |
| 9. Name and Address of Current Registered Agent                                |  |                        |  | 10. Name and Address of New Registered Agent                                            |  |                                                          |  |
| LOUWSMA, KAREN M<br>4150 S. ATLANTIC AVE., #117-A<br>NEW SMYRNA BEACH FL 32169 |  |                        |  | 81 Name                                                                                 |  |                                                          |  |
|                                                                                |  |                        |  | 82 Street Address (P.O. Box Number is Not Acceptable)                                   |  |                                                          |  |
|                                                                                |  |                        |  | 210 Live Oaks Blvd. Bldg. 2                                                             |  |                                                          |  |
|                                                                                |  |                        |  | 83                                                                                      |  |                                                          |  |
|                                                                                |  |                        |  | 84 City                                                                                 |  |                                                          |  |
|                                                                                |  |                        |  | Casselberry                                                                             |  |                                                          |  |
|                                                                                |  |                        |  | FL                                                                                      |  |                                                          |  |
|                                                                                |  |                        |  | 85 Zip Code                                                                             |  |                                                          |  |
|                                                                                |  |                        |  | 32707                                                                                   |  |                                                          |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | P                               | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LOUWSMA, KAREN M                | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 4150 S. ATLANTIC AVENUE #117-A  | 1.3 STREET ADDRESS                                    | 210 Live Oaks Blvd. Bldg. 2                                                  |
| CITY-ST-ZIP                | NEW SMYRNA BEACH FL 32169       | 1.4 CITY-ST-ZIP                                       | Casselberry FL 32707                                                         |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                 | 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                                       |                                                                              |

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 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: Karen M. Louwsma Pres. 4-10-97 407 331-7008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)