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May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000082103 (9)

1. Corporation Name
BEACHSIDE PHARMACEUTICALS, INC.

Principal Place of Business 210 LIVE OAKS BLVD BLDG #2 CASSELBERRY FL 32707 US	Mailing Address 210 LIVE OAKS BLVD BLDG #2 CASSELBERRY FL 32707 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 510 DOUGLAS AVE Suite, Apt. #, etc. 22 1001-29 City & State 23 ALTAMONTE SPRINGS, FL Zip 24 32714	2a. Mailing Address 26 510 DOUGLAS AVE. Suite, Apt. #, etc. 27 1001-29 City & State 28 ALTAMONTE SPRINGS, FL Zip 29 32714	3. Date Incorporated or Qualified 10/26/1995 4. FEI Number 59-3351479 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 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent LOUWSMA, KAREN M 210 LIVE OAKS BLVD BLDG #2 CASSELBERRY FL 32707	10. Name and Address of New Registered Agent 81 Name LOUWSMA, KAREN M. 82 Street Address (P.O. Box Number is Not Acceptable) 103 FLEWELLY DR. 83 84 City LONGWOOD FL 85 Zip Code 32779
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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 *Karen M. Louwsma* KAREN M. LOUWSMA 4-28-98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
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14. I 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* KAREN M. LOUWSMA 4-28-98 407-774-2250

CR2E034 (10/97)