SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUS , 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RE TATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT STATE
Sandra B. Mortha
Secretary of Stat
DIVISION OF CORPOR IONS

DOCUMENT # P95000083737 (3)

1. Corporation Name

QUESTOR PHARMA INCORPORATED

Principal Place of Business	Mailing Address
101 ORANGE-CO CIRCLE. N.E. WINTER HAVEN FL 33881	101 ORANGE-CO CIRCLE. N.E. WINTER HAVEN FL 33881

3. Date Incorporated or Qualified: **11/01/1995**
3a. Date of Last Report:
4. FEI Number: 59-3331881 — 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 ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4203 Vineland Rd.	26 Suite #s bldg #2.
22 Suite, Apt. #, etc. STE K-14	27 Suite, Apt. #, etc.
23 City & State ORLANDO FL	28 City & State
24 Zip 32811 — 25 Country	29 Zip — 30 Country

9. Name and Address of Current Registered Agent

BURNS, THOMAS R
CARLTON, FIELDS, WARD, EMMANUEL, ET AL
255 ORANGE AVENUE, SUITE 1600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a ve-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 authorize 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 Stat es.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOLLY, ERIC J 101 ORANGE-CO CIRCLE, N.E. WINTER HAVEN FL 33881	☐ DELETE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE: _____ 7-9-96 (407)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC — Date — Daytime Phone #

0168129 FP

CR2E034 (3/96)