

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

2. Principal Place of Business  
21 4203 VINELAND RD.  
Suite, Apt. #, etc. STE K-14

22 City & State  
23 ORLANDO FL

24 Zip 32811 25 Country

2a. Mailing Address  
26 SAME AS BLOCK #2  
Suite, Apt. #, etc.

27 City & State

28 Zip

29 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

3. Date Incorporated or Qualified 11/01/1995  
3a. Date of Last Report

4. FEI Number 59-3337881  
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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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) DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE D  
12.2 NAME JOLLY, ERIC J  
12.3 STREET ADDRESS 101 ORANGE-CO CIRCLE, N.E.  
12.4 CITY-ST-ZIP WINTER HAVEN FL 33881

12.5 TITLE  
12.6 NAME  
12.7 STREET ADDRESS  
12.8 CITY-ST-ZIP

12.9 TITLE  
12.10 NAME  
12.11 STREET ADDRESS  
12.12 CITY-ST-ZIP

12.13 TITLE  
12.14 NAME  
12.15 STREET ADDRESS  
12.16 CITY-ST-ZIP

12.17 TITLE  
12.18 NAME  
12.19 STREET ADDRESS  
12.20 CITY-ST-ZIP

12.21 TITLE  
12.22 NAME  
12.23 STREET ADDRESS  
12.24 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-96 (407)

Date Day, Month, Year

CR2E034 (3/96)