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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000099345 (6)

HRX, INC.

Principal Place of Business

Mailing Address

MADINE LEWIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 01 1997 8:00am Secretary of State

305-316-9770

Daytime Phone # 0004968



11115 SW 154TH PLACE Miami FL 33196		11115 SW 154TH PLACE MIAMI FL 33198-4532				·		
					3. Date Incorporated or Qualified 12/09/1996	3a. Date of Last F	leport	
2. Principa! Pl	lace of Business	2a. Mailing Address 10 201 Hamnocks BLVE		LVD. 4. FEI Number	A	pplied For		
1		26 SUITE 153 -	229 1	miami. 55	196 65-0715339	No	ot Applicable	
Suile, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	4	Additional equired	
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zıp	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible tax under s	. 199.032,	
4	25	29	30	,		Yes No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent		
	TON, GERALD K		÷	81 Name				
10 FAIRWAY DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITI	E 305							
DEEF	RFIELD BEACH FL 33441			83				
				84 City		85 Zip	Code	
					orporation submits this statement for the	FL " "		
agent Lai					ration's board of directors. I hereby acce	DATE		
12,	Signature, typed or printed name of registered ag	ID DIRECTORS	13.	Agent signature re	quired when reinstatings ADDITIONS/CHANGES TO OFFICE		RS IN 12	
iz.	D	DELETE	1.1 11	TLF	P	Change	Addition	
NAME	LEWIS, NADINE		1.2 N	MF /	ewis, NADINE	•		
STREET ADDRESS	11115 SW 154TH PLACE		1	REET ADORESS	1115 SW 154 PL			
CITY-SI-ZIP	MIAMI FL 33196			LICE. FIED ILEGO	10/AMI , FL 33196			
IITLE		☐ DELETE	211	11. 01. 20		Change	Addition	
NAME			2.2 N					
STREET ADDRESS			2.3 S	REET ADDRESS				
CITY - S1 - ZIP				1TY-\$T-ZIP		* *		
TITLE		☐ DELETE	3.1 [1			☐ Change	Addition	
NAM:			3.2 N	AME	•			
STREET ADDRESS			3.3 S	TAEET ADDRESS				
CITY+\$1-7IP			3.4.0	ITY-ST-ZİP				
TITLE		DELETE	4.1 Ti	TLE		☐ Change	Addition	
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 \$	TREET ADDRESS				
CITY+ST-ZIP			4.4 C	TY-ST-ZIP				
TilleF		DELETE	5.1 TI	TI.E		Change	Addition	
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET ADDRESS				
CHTY - ST - ZIP			5.4 0	ITY-ST-ZIP				
THEF	1 50 100	DELETE	617	TLE		Change	Addition	
NAME			6.2 N	AME				
STREET ADDRESS			6.3 \$	FREET ADDRESS				
CITY-ST-7IP				ITY-ST-ZIP				
informatic Lam an o	on indicated on this annual report or	supplemental annual report is or the receiver or trustee empt	s true and i owered to d	accurate and t	ited in Section 119.07(3)(i), Florida Statut hat my signature shall have the same leg port as required by Chapter 807, Florida	ial effect as if made ur	nder oath; th:	