

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000032721 (7)
 1. Corporation Name
STERLING PHARMACY CORPORATION



Principal Place of Business: 3501 N. KEYSER, #11 HOLLYWOOD FL 33021
 Mailing Address: 3501 N. KEYSER, #11 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5650 STIRLING RD, Suite, Apt. #, etc.
 2a. Mailing Address: 5650 STIRLING RD, Suite, Apt. #, etc.
 23. City & State: Hollywood FL
 28. City & State: Hollywood FL
 24. Zip: 33021
 29. Zip: 33021

3. Date Incorporated or Qualified: 04/10/1997
 4. FEI Number: 65-0743184
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
GOTTLIEB, IRWIN
 3501 N. KEYSER, #11
 HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
 81 Name: IRWIN GOTTLIEB
 82 Street Address (P.O. Box Number is Not Acceptable): 5650 STIRLING RD
 84 City: HOLLYWOOD FL 85 Zip Code: 33021

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOTTLIEB, IRWIN	
STREET ADDRESS	3501 N. KEYSER, #11	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sec'y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANCINE GOTTLIEB	
1.3 STREET ADDRESS	3501 N. Keyser #11	
1.4 CITY-ST-ZIP	HOLLYWOOD FL 33021	
2.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wendy Finkelstein	
2.3 STREET ADDRESS	5801 SW 37 Ter	
2.4 CITY-ST-ZIP	FT. LAUD. FL 33312	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	500002653865	
5.4 CITY-ST-ZIP	-10/02/98--01005--013	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	***150.00	
6.4 CITY-ST-ZIP		

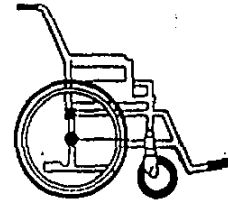
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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: _____ DATE: 9/30/98

CR2E034 (5/98)



Sterling Pharmacy



Handwritten initials or mark

TO WHOM IT MAY CONCERN,

Pursuant to my call to your office I wish to confirm that I did not receive notice to file annual report in timely manner, therefore enclosed a \$150.00 payment and ask that any late fee be waived.

Very truly yours,

Irwin Gottlieb
Irwin Gottlieb