

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 MAY -1 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000088548 (7)

1. Corporation Name

PHARMACEUTICAL DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

POST OFFICE BOX 32092  
LAKELAND FL 33802

POST OFFICE BOX 32092  
LAKELAND FL 33802

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5415 West Laurel St.

Suite, Apt. #, etc.

22

City & State

23 Tampa, FL

Zip

24 33607

Country

25 USA

2a. Mailing Address

26 5415 West Laurel St.

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33607

Country

30 USA

3. Date Incorporated or Qualified

10/10/1997

4. FEI Number

59-3474576

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE  
SUITE 3000  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

100003514241-4

83

-05/06/98--01116--019  
\*\*\*\*150.00 \*\*\*\*150.00

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D HENRY, WILLIAM O.E.

STREET ADDRESS 92 LAKE WIRE DRIVE

CITY-ST-ZIP LAKELAND FL 33815

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Asst. Secretary ☒ Change ☐ Addition

1.2 NAME William O. E. Henry

1.3 STREET ADDRESS 92 Lake Wire Dr.

1.4 CITY-ST-ZIP Lakeland, FL 33802

2.1 TITLE President ☐ Change ☒ Addition

2.2 NAME David Zaccardelli

2.3 STREET ADDRESS 5415 West Laurel St.

2.4 CITY-ST-ZIP Tampa, FL 33607

3.1 TITLE Vice President ☐ Change ☒ Addition

3.2 NAME Richard Boeh

3.3 STREET ADDRESS 5415 West Laurel St.

3.4 CITY-ST-ZIP Tampa, FL 33607

4.1 TITLE Vice President ☐ Change ☒ Addition

4.2 NAME Craig Davis

4.3 STREET ADDRESS 5415 West Laurel St.

4.4 CITY-ST-ZIP Tampa, FL 33607

5.1 TITLE Secretary/Director ☐ Change ☒ Addition

5.2 NAME Peter E. Brent

5.3 STREET ADDRESS 100 International Blvd.

5.4 CITY-ST-ZIP Etobicoke, Ontario, Canada M9W 6J6

6.1 TITLE Director ☐ Change ☒ Addition

6.2 NAME Henry Pan

6.3 STREET ADDRESS 100 International Blvd.

6.4 CITY-ST-ZIP Etobicoke, Ontario, Canada M9W 6J6

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 William O.E. Henry, Asst. Secretary

11/20/98

941-499-5359

CR2E034 (10/97)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CONTINUATION

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CORPORATION  
ANNUAL REPORT  
1998

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

DOCUMENT # P97000088548

1. Corporation Name

PHARMACEUTICAL DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/97

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

4. FEI Number

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

82

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

81

81

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

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

Director  
John Morrison ☐ Change ☒ Addition  
100 International Blvd  
Etobicoke, Ontario, Canada

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

M9W 6J6 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #