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FILED Apr 18, 2000 8:00 am

DOCUMEN 1 # P99000026402 1. Entity Name HABANA HOSPITAL PHARMACY WHOLESALE, INC.				Secretary of State 01-18-2000 90181 013 ***150.00									
Principal Place of Business 4710 NORTH HABANA AVENUE #101 TAMPA FL 33614		Mailing Address 4710 NORTH HABANA AVENUE #101 TAMPA FL 33614-7143											
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				A SERVICE AND ARTER ARTER AREAS REPORT FOR A	BANKA BANKA NANA ANYA ANTA ABAN	13881888							
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applied									
							Zip	J Country	Zip	Country	5. Certificate of Status Desired	S8.75 Addit	tional
								6. Name and Address of Current	Registered Agent		7. Name and Address of New R	•	
DYKES, WALTER E 4710 NORTH HABANA AVENUE #10 TAMPA FL 33614			Name	Name									
		Street Add		ess (P.O. Box Number is Not Acceptable)									
			City		⊏ ∎	,							
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	Signature, typed or printed name of registered agen	nt and title if applicable. (M	OTE: Registered Agent signature re	<u> </u>	DAYE								
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tructated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.