

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

FILED

**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S13240 (4)
 1. Corporation Name
GRX CORP.



Principal Place of Business 100 CENTURY BLVD WEST PALM BEACH FL 33417	Mailing Address 100 CENTURY BLVD WEST PALM BEACH FL 33417-2262
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3. Date Incorporated or Qualified 11/16/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0266720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**KAHANT, ELAINE
 19146 LYONS ROAD
 BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILENSKY, ALVIN	
STREET ADDRESS	100 CENTURY BLVD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KAHANT, ELAINE	
STREET ADDRESS	100 CENTURY BLVD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHULMAN, ALAN	
STREET ADDRESS	100 CENTURY BLVD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DRAKULICH, ALYCE	
STREET ADDRESS	100 CENTURY BLVD	
CITY-ST-ZIP	WEST PALM BCH FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wilensky, Alvin	
1.3 STREET ADDRESS	100 Century Blvd.	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brenner, Stanley	
3.3 STREET ADDRESS	100 Century Blvd.	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Floyd, Orilla	
4.3 STREET ADDRESS	100 Century Blvd.	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Elaine Kahant VP* Elaine Kahant 4-11-97 (561)640-3155
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)