


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

FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 11/16/1990	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0266720	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KAHANT, ELAINE 19148 LYONS ROAD BOCA RATON FL 33434				10. Name and Address of New Registered Agent	
				81 Name ELAINE HAUFF	
				82 Street Address (P.O. Box Number is Not Acceptable) SAME	
				83	
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILENSKY, ALVIN			1.2 NAME	LEVY, H. IRWIN		
STREET ADDRESS	100 CENTURY BLVD			1.3 STREET ADDRESS	100 CENTURY BLVD.		
CITY-ST-ZIP	WEST PALM BCH FL 33417			1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417		
TITLE	VT	<input type="checkbox"/> DELETE		2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAHANT, ELAINE			2.2 NAME	HAUFF, ELAINE		
STREET ADDRESS	100 CENTURY BLVD			2.3 STREET ADDRESS	100 CENTURY BLVD.		
CITY-ST-ZIP	WEST PALM BCH FL			2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRENNER, STANLEY			3.2 NAME	MESHON, LOUIS SR.		
STREET ADDRESS	100 CENTURY BLVD.			3.3 STREET ADDRESS	100 CENTURY BLVD.		
CITY-ST-ZIP	WEST PALM BEACH FL 33417			3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLOYD, ORILLA			4.2 NAME			
STREET ADDRESS	100 CENTURY BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33417			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Elaine Hauff*, VP *Elaine Hauff* 3.11.98 561-487-9621

CR2E034 (10/97)