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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S20746**

BOCA PHARMPAC, INC.								
Principal Place of Business	Mailing Address			T (BBH) B (In that) P	8111 1 8 8 11 8 18 18 9 111)H #}#H #I	(#II #I#II I##I
5458 TOWN CENTER RD	6346 - 65 LANTANA RD							
7	270			DO	NOT WRITE IN	I THIS SPA	CE	
BOCA RATON FL 33431 LAKE WORTH FL 33463 US US				3. Date Incorporated or				
US	us			12/21/1990				
2. Principal Place of Business	2a. Mailing Address		·	4. FEI Number			Apı	plied For
21	26			65-0242848			Not	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				Desired	\$1	3.75 A	Additional
22	27			5. Certificate of Status I	Desired		Fee Re	quired
City & State	City & State			6. Election Campaign F	inancing	\$	5.00	May Be
23	28			Trust Fund Contribut	ion		Added to	o Fees
Zip Country	Zip	Country		8. This corporation owe	s the current y			
24 25		30		Personal Property Ta		<u> </u>		□No
9. Name and Address of Curre	ent Registered Agent	81	Mana	10. Name and Address	of New Regis	tered Agen	ıt	
VANTDEEČE JEEEČDV M		81	Name					
Vantreese, Jeffery W. 515 North Flagler		82	Street Ad	ddress (P.O. Box Number is No	ot Acceptable)			
STE 1450		00		· · · · · · · · · · · · · · · · · · ·				w 1927
WEST PALM BEACH FL 33401		83						
WEST FALM DEACHTE 33401		84	City			FL 85	Zip C	Code
11. Pursuant to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	s, the above	-named co	orporation submits this statement	ent for the purpo	ose or chan	ging its of as rec	registered
office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE	e of Flonda. Such change was au gations of, Section 607.0505, Flori	thorized by da Statutes.	tne corpora	utred when reinstating)	o.	ATE	11 23 100	
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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 of or an attachment with an agencies, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR