

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 21 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V11816 (8)
1. Corporation Name
HILL DERMACEUTICALS-VETERINARY DIVISION, INC.

Principal Place of Business 505 WEST ROBINSON STREET ORLANDO FL 32801	Mailing Address 505 WEST ROBINSON STREET ORLANDO FL 32801
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2650 SOUTH MEADOWVILLE Suite, Apt. #, etc. 22 City & State 23 SANFORD, FLORIDA Zip 24 32773		2a. Mailing Address 25 2650 SOUTH MEADOWVILLE Suite, Apt. #, etc. 27 City & State 28 SANFORD, FLORIDA Zip 29 32773		3. Date Incorporated or Qualified 02/03/1992		3a. Date of Last Report 06/25/1996	
4. FEI Number 59-3104434		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		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROTH, JERRY S. 505 WEST ROBINSON STREET ORLANDO FL 32801 SANFORD, FL 32773		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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:  7/18/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

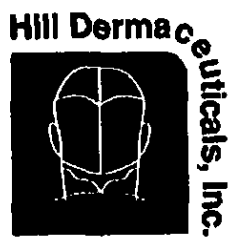
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D ROTH, JERRY S 2429 ALAGUA DRIVE LONGWOOD FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500002250825--B -07/29/97--01072--023 ***165.00 ***165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 as an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/97 (407) 323-1887
Date Daytime Phone #

CR2E034 (4/97)



"The Scalp Company"

July 18, 1997

Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, FL 32302,1500

Dear Sir/Madam:

Per your telephone instructions of yesterday, I am enclosing a check in the amount of \$165.00 for the annual fee. We moved our operation from 505 West Robinson Street, Orlando, Florida 32801 to 2650 South Mellonville Avenue, Sanford, Florida 32773 during the month of October 1996. We had not received this form when it was due.

Please accept our apologies. Thank you for your help, understanding and consideration in this matter.

Very Truly Yours,

A handwritten signature in black ink, appearing to be "JSR" or "J. Roth", written over a horizontal line.

Jerry S. Roth,
President

JSR/bw

Enc.