


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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90203 049 ***150.00

0284576

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V60643

1. Corporation Name
ANDRX CORPORATION

Principal Place of Business 4001 SW 47TH AVE. SUITE 201 FT. LAUDERDALE FL 33314 US	Mailing Address 4001 SW 47TH AVE. SUITE 201 FT. LAUDERDALE FL 33314 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 08/28/1992	Applied For Not Applicable
4. FEI Number 65-0366879	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

COHEN, ALAN P
4001 SW 47 AVENUE, SUITE 201
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SHAROKY, MELVIN M
STREET ADDRESS	4001 S.W. 47TH AVE., STE. 201
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHWARTZ, MICHAEL P
STREET ADDRESS	4001 S.E. 47TH AVE. STE.201
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LEVINE, ELLIOT
STREET ADDRESS	4001 SW 47 AVENUE, STE 201
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GERSON, IRWIN C.
STREET ADDRESS	4001 SW 47TH AVE, STE 201
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	GLOVER, RANDY
STREET ADDRESS	4001 SW 47TH AVENUE, STE 201
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MALAHIAS, ANGELO C.
STREET ADDRESS	4001 SW 47TH AVENUE, SUITE 201
CITY-ST-ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Co-Chairman/CBO/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alan P. Cohen
1.3 STREET ADDRESS	4001 SW 47th Avenue
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
2.1 TITLE	Co-Chairman/VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Chih-Ming J. Chen
2.3 STREET ADDRESS	4001 SW 47th Avenue
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
3.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elliot F. Hahn
3.3 STREET ADDRESS	4001 SW 47th Avenue
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
4.1 TITLE	VP/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Scott Lodin
4.3 STREET ADDRESS	4001 SW 47th Avenue
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Elaine Bloom
5.3 STREET ADDRESS	4001 SW 47th Avenue
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
6.1 TITLE	VP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Angelo C. Malahias
6.3 STREET ADDRESS	4001 SW 47th Avenue
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314

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, with all other like empowered.

SIGNATURE: Scott Lodin 4/15/99 (954) 584-0300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)