

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

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May 19 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 # **V70933** (9)

1. Corporation Name
PERFORMANCE PHARMACY SYSTEMS, INC.

Principal Place of Business 12920 AUTOMOBILE BLVD SUITE 8 CLEARWATER FL 34622	Mailing Address 12920 AUTOMOBILE BLVD SUITE 8 CLEARWATER FL 34622-4734
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/14/1992		3a. Date of Last Report 06/20/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3146550		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		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CRONIN, MICHAEL T 911 CHESTNUT ST CLEARWATER FL 34616				10. Name and Address of New Registered Agent			
81 Name				Todd Siegelor Della Divine			
82 Street Address (P.O. Box Number is Not Acceptable)				12920 Automobile Blvd.			
83							
84 City				Clearwater FL			
				85 Zip Code 34622			

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: *Todd Siegelor* DATE: **4/22/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE: CEO, D <input type="checkbox"/> DELETE NAME: SIEGEL, TODD E STREET ADDRESS: 12920 AUTOMOBILE BLVD CITY - ST - ZIP: CLEARWATER FL 34622				11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP			
TITLE: D <input type="checkbox"/> DELETE NAME: Michael Felix STREET ADDRESS: 12920 Automobile Blvd. CITY - ST - ZIP: Clearwater, FL 34622				21 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP			
TITLE: S, D, T <input type="checkbox"/> DELETE NAME: Michael Conroy STREET ADDRESS: 12920 Automobile Blvd. CITY - ST - ZIP: Clearwater, FL 34622				31 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP			
TITLE: D <input type="checkbox"/> DELETE NAME: John Stanton STREET ADDRESS: 12920 Automobile Blvd. CITY - ST - ZIP: Clearwater, FL 34622				41 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY - ST - ZIP:				51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY - ST - ZIP:				61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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: *Michael P. Conroy* DATE: **4/22/97** 576-6311

CR2E034 (9/96)