

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

DOCUMENT # F93000005122 (7)

50 MAY 11 11 2:01

MAJOR PHARMACEUTICALS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 1640 W. FULTON ST. CHICAGO IL 60612		2. Mailing Address 1640 W. FULTON ST CHICAGO IL 60612		3. Date Incorporated or Created 11/12/1993	3a. Date of Last Report 04/06/1994
21. Principal Place of Business 355 N. Ashland Ave	26. Mailing Address 355 N. Ashland Ave	4. FEI Number 36-3817781		Applied For Not Applicable	
22. State, Apt. # or City & State Chicago, Illinois	27. State, Apt. # or City & State Chicago, IL	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State Chicago, Illinois	28. City & State Chicago, IL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. 60607	25. USA	29. 60607	30. USA	7. This corporation has custody of its corporate records in the State of Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		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 607.01, 607.02, and 607.03, 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. Each 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 Sections 607.01, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS			
NAME	PD ORGAN, JEFFREY 1640 W. FULTON ST. CHICAGO IL 60612	1. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		2. STREET ADDRESS	355 N Ashland Ave		
CITY & STATE		3. CITY & STATE	Chicago, IL 60607		
NAME	VD BONDY, FRED 1640 W. FULTON ST. CHICAGO IL 60612	4. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		5. STREET ADDRESS	355 N Ashland Ave		
CITY & STATE		6. CITY & STATE	Chicago, IL 60607		
NAME	STD KENTON, JAMES 1640 W. FULTON ST. CHICAGO IL 60612	7. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		8. STREET ADDRESS	Delete		
CITY & STATE		9. CITY & STATE			
NAME	D NEI, GARY E 1640 W. FULTON ST. CHICAGO IL 60612	10. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		11. STREET ADDRESS	355 N Ashland Ave		
CITY & STATE		12. CITY & STATE	Chicago, IL 60607		
NAME		13. NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS		14. STREET ADDRESS	Assistant Secretary Robert Hevey, Jr. 355 N Ashland Ave		
CITY & STATE		15. CITY & STATE	Chicago, IL 60607		
NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		17. STREET ADDRESS			
CITY & STATE		18. CITY & STATE			

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it truly and exactly fits the description stated in Sections 607.01, Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my corporate shall have the same legal effect as if made under oath. That I am available on the list of the incorporators of the corporation or the person or persons responsible for executing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of this report with an address.

SIGNATURE: **Robert Hevey, Jr.**
SIGNATURE AND TITLE OF REGISTERED NAME OF FILING OFFICER OR DIRECTOR

312-666-9600