

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **254281** (9)

1. Corporation Name
PEARL STREET PHARMACY, INC.



Principal Place of Business: **% JAMES PHILLIP BROWN, 312 W 8TH ST., JACKSONVILLE FL 32206**

Mailing Address: **% JAMES PHILLIP BROWN, 312 W 8TH ST., JACKSONVILLE FL 32206**

3. Date Incorporated or Qualified: **12/27/1961**

3a. Date of Last Report: **03/20/1995**

4. FEI Number: **59-0941425** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country

9. Name and Address of Current Registered Agent: **BROWN, JAMES PHILIP, 1342 MARLEE ROAD, SWITZERLAND FL 32259**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: BROWN, JAMES P
STREET ADDRESS: 1342 MARLEE RD
CITY, ST, ZIP: SWITZERLAND, FL 00000

TITLE: ~~DVT~~
NAME: BROWN, DEBRA LYNN
STREET ADDRESS: 1342 MARLEE RD
CITY, ST, ZIP: SWITZERLAND, FL 00000

TITLE: ~~DS~~
NAME: Kanawaxi, DINA
STREET ADDRESS: 8789 Southwest Blvd., # 2007
CITY, ST, ZIP: Jacksonville, FL 32256

TITLE: ~~D~~
NAME: Gains, Annette
STREET ADDRESS: 1303 LAURA ST
CITY, ST, ZIP: Jacksonville, FL 32206

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *James Phillip Brown* 2-17-96 904 356 1304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)