

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90040 030 ***150.00

DOCUMENT # 254281

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/27/1961	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0941425	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 25		29 30		[] \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution [] \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				[] Yes [] No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROWN, JAMES PHILIP 1342 MARLEE ROAD SWITZERLAND FL 32259				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD [] DELETE	1.1 TITLE	D Enias Johnson [] Change [x] Addition
NAME	BROWN, JAMES P	1.2 NAME	1429 Pearl 10 Box 1612
STREET ADDRESS	1342 MARLEE RD	1.3 STREET ADDRESS	Jax FL 32201
CITY-ST-ZIP	SWITZERLAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DVT [] DELETE	2.1 TITLE	D Linda Jackson [] Change [x] Addition
NAME	BROWN, DEBRA LYNN	2.2 NAME	312 W 8th St
STREET ADDRESS	1342 MARLEE RD	2.3 STREET ADDRESS	Jax FL 32206
CITY-ST-ZIP	SWITZERLAND, FL 00000	2.4 CITY-ST-ZIP	
TITLE	DS [] DELETE	3.1 TITLE	D Yang Yang [] Change [x] Addition
NAME	KANAWATI, DINA	3.2 NAME	653 Galtier St Suite 105
STREET ADDRESS	8789 SOUTHWEST BLVD, #2007	3.3 STREET ADDRESS	St Paul MA 05103
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D [] DELETE	4.1 TITLE	D Melvin Freeman [] Change [x] Addition
NAME	GAINS, ANNETTE	4.2 NAME	312 W 8th St
STREET ADDRESS	1303 LAURA ST	4.3 STREET ADDRESS	Jax FL 32206
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D [] DELETE	5.1 TITLE	D Larry Floyd [] Change [x] Addition
NAME	Betty Williams	5.2 NAME	1595 W 13th St
STREET ADDRESS	312 W 8th St	5.3 STREET ADDRESS	Jax FL 32209
CITY-ST-ZIP	Jax FL 32206	5.4 CITY-ST-ZIP	
TITLE	D [] DELETE	6.1 TITLE	D Ted Weeks [] Change [x] Addition
NAME	Ranona Alley	6.2 NAME	1786 Challen Ave Suite 1
STREET ADDRESS	PO Box 14277	6.3 STREET ADDRESS	Jax FL 32205
CITY-ST-ZIP	Jax FL 32238	6.4 CITY-ST-ZIP	

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: Jeanette Phillip Brown Date: 4-26-99 Daytime Phone #: 904 356 1304

CRZE034 (11/98)