

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

**FILED**

**Feb 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 491346 (3)**

1. Corporation Name:  
**MICHARD DRUGS, INC.**



Principal Place of Business: **1690 NE 123RD ST. N. MIAMI FL 33181**  
Mailing Address: **1690 NE 123RD ST. N. MIAMI FL 33181-2701**

3. Date Incorporated or Qualified: **11/20/1975**  
3a. Date of Last Report: **04/16/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>59-1633957</b>		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>STRAUS, SKIP 10081 PINES BLVD. PEMBROKE PINES FL 33024</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	
		<b>FL</b>					

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	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>TUVIA, KAREN</b>			1.2 NAME			
STREET ADDRESS	<b>1690 NE 123 ST.</b>			1.3 STREET ADDRESS			
CITY- ST- ZIP	<b>N. MIAMI FL</b>			1.4 CITY- ST- ZIP			
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GESSER, ROSALIND</b>			2.2 NAME			
STREET ADDRESS	<b>605 IVES DAIRY RD.</b>			2.3 STREET ADDRESS			
CITY- ST- ZIP	<b>N. MIAMI BCH. FL</b>			2.4 CITY- ST- ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GESSER, MICHAEL</b>			3.2 NAME			
STREET ADDRESS	<b>605 IVES DAIRY RD.</b>			3.3 STREET ADDRESS			
CITY- ST- ZIP	<b>N. MIAMI BCH. FL</b>			3.4 CITY- ST- ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GESSER, RICHARD DR</b>			4.2 NAME			
STREET ADDRESS	<b>132 ELM AVE</b>			4.3 STREET ADDRESS			
CITY- ST- ZIP	<b>ARDMORE PA</b>			4.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY- ST- ZIP				5.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY- ST- ZIP				6.4 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: *Rosalind Gesser* **ROSALIND GESSER ST** 2/18/97 305 891-1550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)