FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **597164** **(3)**

1. Corporation Name
SCHAEFER DRUGS AT WELLINGTON, INC.

Principal Place of Business	Mailing Address
12797 W FOREST HILL BLVD WEST PALM BEACH FL 33414	12797 W FOREST HILL BLVD WEST PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: **12/13/1978**	3a. Date of Last Report: **06/30/1994**
4. FEI Number: **59-1939299**	☐ 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	

9. Name and Address of Current Registered Agent

SCHAEFER, V. CHARLES
13321 DOUBLETREE CIRCLE
WEST PALM BEACH FL 33414

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 [illegible] 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. [illegible]

SIGNATURE [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SCHAEFER, SUSAN O
STREET ADDRESS	13321 DOUBLETREE CIRCLE
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	PD
NAME	SCHAEFER, V CHARLES
STREET ADDRESS	13321 DOUBLETREE CIRCLE
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, 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: Susan O. Schaefer   Susan O. Schaefer   4/30/95   (407) 798-0240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0251000 CP