

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

4-15-96 B-3513-C

DOCUMENT # H07652 (1)

1. Corporation Name
D & K DRUGS, INC.



Principal Place of Business

% ROBERT J. GORMAN
515 S. INDIAN RIVER DR
FT PIERCE FL 34950-1503

Mailing Address

% ROBERT J. GORMAN
515 S. INDIAN RIVER DR
FT PIERCE FL 34950-1503

3. Date Incorporated or Qualified
06/11/1984

3a. Date of Last Report
04/10/1995

4. FEI Number
59-2424416

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 **1209 Delaware Ave.**
Subs. Apt. #, etc.

2a. Mailing Address

26 **1209 Delaware Ave.**
Subs. Apt. #, etc.

23 City & State
Ft. Pierce, FL

27 City & State
Ft. Pierce, FL

24 Zip Country
34950 St. Lucie

29 Zip Country
34950 St. Lucie

9. Name and Address of Current Registered Agent

**GORMAN, ROBERT J.
515 S. INDIAN RIVER DR
FT PIERCE FL 33450**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)
1209 Delaware Ave.

83

84 City
Ft. Pierce

85 Zip Code
FL 34950

11. Pursuant to the provisions of Sections 607.0602 and 607.1003, 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 607.0506, Florida Statutes.

SIGNATURE

Robert J. Gorman

1/24/96

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	SIANO, DOMINIC	
STREET ADDRESS	710 GRANDVIEW BLVD	
CITY, ST, ZIP	FT PIERCE FL	
TITLE	STD	[] DELETE
NAME	SIANO, KATHY	
STREET ADDRESS	710 GRANDVIEW BLVD	
CITY, ST, ZIP	FT PIERCE FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	[] Change [] Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	[] Change [] Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	[] Change [] Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	[] Change [] Addition
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	[] Change [] Addition

14. I do hereby certify that the information provided with this filing is verifiably correct and I do not qualify for the exemption stated in Section 119.07(3)(g), 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 or changes to, or on an attachment with an address.

SIGNATURE:

D. Siano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1407 878-7300

CR2E034 (12/95)