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FILED
Apr 14 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 # H07652 (1)
1. Corporation Name
D & K DRUGS, INC.



Principal Place of Business
1209 DELAWARE AVE
515 S. INDIAN RIVER DR
ST. PIERCE FL 34950
US

Mailing Address
1209 DELAWARE AVE
515 S. INDIAN RIVER DR
FT. PIERCE FL 34950-1503
US

3. Date Incorporated or Qualified 06/11/1984
3a. Date of Last Report 04/15/1996

2. Principal Place of Business
21 1209 DELAWARE AVE.
Suite, Apt. #, etc.

2a. Mailing Address
26 1209 DELAWARE AVE.
Suite, Apt. #, etc.

4. FEI Number 59-2424416
Applied For Not Applicable

22 City & State
23 FORT PIERCE, FL

27 City & State
28 FORT PIERCE, FL

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

24 Zip 34950 25 Country USA
29 Zip 34950 30 Country USA

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
GORMAN, ROBERT J.
515 S. INDIAN RIVER DR
1209 DELAWARE AVE
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent
81 Name GORMAN, ROBERT J.
82 Street Address (P.O. Box Number is Not Acceptable) 1209 DELAWARE AVENUE
83
84 City FORT PIERCE FL 85 Zip Code 34950

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 *Robert J. Gorman* DATE 4/24/97

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	SIANO, DOMINIC	
STREET ADDRESS	710 GRANDVIEW BLVD	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SIANO, KATHY	
STREET ADDRESS	710 GRANDVIEW BLVD	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Katherine D. Siano* Treas 4-7-97 561-466-0971

CR2E034 (9/96)