

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **J28968** (2)

1. Corporation Name  
**DAN'S PHARMACY, INC.**



Principal Place of Business  
**10205 LAKE CARROLL WAY  
TAMPA FL 33618-1405**

Mailing Address  
**10205 LAKE CARROLL WAY  
TAMPA FL 33618-1405**

3. Date Incorporated or Qualified  
**08/15/1986**

3a. Date of Last Report  
**04/03/1995**

4. FEI Number  
**59-2707373**

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent  
**FUCARINO, DAN  
10205 LAKE CARROLL WAY  
TAMPA FL 33618**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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. The city accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE: **D**  DELETE

2. NAME: **FUCARINO, DANIEL D.**

3. STREET ADDRESS: **10205 LAKE CARROLL WAY**

4. CITY-ST-ZIP: **TAMPA FL**

5. TITLE: **VP**  DELETE

6. NAME: **FUCARINO, LAURA W.**

7. STREET ADDRESS: **10205 LAKE CARROLL WAY**

8. CITY-ST-ZIP: **TAMPA FL**

9. TITLE: **S**  DELETE

10. NAME: **FUCARINO, MORRIS D.**

11. STREET ADDRESS: **1415 E. CLIFTON ST**

12. CITY-ST-ZIP: **TAMPA FL**

13. TITLE: **T**  DELETE

14. NAME: **TAUCHER, RODNEY**

15. STREET ADDRESS: **3114 SAMARA DR.**

16. CITY-ST-ZIP: **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE:  Change  Addition

18. NAME:

19. STREET ADDRESS:

20. CITY-ST-ZIP:  Change  Addition

21. TITLE:  Change  Addition

22. NAME:

23. STREET ADDRESS:

24. CITY-ST-ZIP:  Change  Addition

25. TITLE:  Change  Addition

26. NAME:

27. STREET ADDRESS:

28. CITY-ST-ZIP:  Change  Addition

29. TITLE:  Change  Addition

30. NAME:

31. STREET ADDRESS:

32. CITY-ST-ZIP:  Change  Addition

14. I do hereby certify that the information provided with this filing is voluntarily 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 supplement 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 961-8798

CRE034 (12/95)