

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

**APPROVED
AND
FILED**

1995 MAY -1 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F18289 (9)
1. Corporation Name
XTRA DRUGSTORE, INC.

Principal Place of Business: Same
Mailing Address: Att. Tax Dept.
1300 NW 22nd Street
Pompano Beach, Fl. 33069

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 03/04/1988
3a. Date of Last Report: 05/01/94
4. FEI Number: 65-0203836
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
CT Corporation System
1200 S. Pine Island Road
Plantation Fl. 33324

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: FL

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title # applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Donald J. Byrnes
STREET ADDRESS	1300 NW 22nd Street
CITY - ST - ZIP	Pompano Beach, Fl. 33069
TITLE	Executive Vice President
NAME	Jeffrey P. Freimark
STREET ADDRESS	1300 NW 22nd Street
CITY - ST - ZIP	Pompano Beach, Fl. 33069
TITLE	Vice President
NAME	Ramon Lloveras
STREET ADDRESS	1300 NW 22nd Street
CITY - ST - ZIP	Pompano Beach, Fl. 33069
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	500001492685
24 CITY - ST - ZIP	-05/17/95--01186--017
	****200.00 ****200.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	DA
63 STREET ADDRESS	5-1-95
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied 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 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: _____ DATE: 4-20-95 (305) 977-2847
Signature, typed or printed name of signing officer or director