

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000051792 (7)**

1. Corporation Name

C AND P LEWIS PHARMACY, INC.



Principal Place of Business

Mailing Address

272 SOUTH COUNTY RD.
PALM BEACH FL 33480

272 SOUTH COUNTY RD.
PALM BEACH FL 33480

3. Date Incorporated or Qualified **07/08/1994** 3a. Date of Last Report **03/16/1995**

2. Principal Place of Business

2b. Mailing Address

21

26

4. FEI Number

65-0506207

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHADOWITZ, MITCHELL L ESQ.
1200 N. FEDERAL HWY.
SUITE 200
BOCA RATON FL 33432**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

**P
PISANO, JR. J
3259 CLINT MOORE RD., #106
BOCA RATON FL**

TITLE DELETE

**VP
CARBONE, MICHAEL
3133 CLINT MOORE RD., #106
BOCA RATON FL**

TITLE DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE Change Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY-ST-ZIP

*Pres.
PISANO, JR. JOHN
2690 NW 48th Street
BOCA RATON, FLA. 33434*

2 1 TITLE Change Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY-ST-ZIP

3 1 TITLE Change Addition

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY-ST-ZIP

4 1 TITLE Change Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY-ST-ZIP

5 1 TITLE Change Addition

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY-ST-ZIP

6 1 TITLE Change 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Telephone Phone #

CR2E034 (12/95)