

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000081742 (6)**

1. Corporation Name

FT. LAUDERDALE PHARMACY, INC.



Principal Place of Business

**1400 OAKLAND PARK BOULEVARD
SUITE 108
FT. LAUDERDALE FL 33334**

Mailing Address

**1400 OAKLAND PARK BOULEVARD
SUITE 108
FT. LAUDERDALE FL 33334**

3. Date Incorporated or Qualified
11/07/1994

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

Broward

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

Broward

4. FEI Number
43-1654942

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

**JOHN M. GUTOWSKI
1400 OAKLAND PARK BOULEVARD
SUITE 102
OAKLAND PARK FL 33334**

10. Name and Address of New Registered Agent

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 for the corporation)

Signature (Typed or printed name of registered agent for the corporation)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHORT, PHILLIP D	2. NAME	
STREET ADDRESS	2151 SW HUNT CIRCLE	3. STREET ADDRESS	
CITY - ST - ZIP	LEE'S SUMMIT MO	4. CITY - ST - ZIP	64081
TITLE	VS	5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, PERRY	6. NAME	
STREET ADDRESS	15708 W. 138TH TERRACE	7. STREET ADDRESS	66062
CITY - ST - ZIP	OLATHE KS	8. CITY - ST - ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY - ST - ZIP		12. CITY - ST - ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY - ST - ZIP		16. CITY - ST - ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY - ST - ZIP		20. CITY - ST - ZIP	

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*****225.00**

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:

Phillip D Short
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip D Short

6/21/96

814-742-9500

Date

Daytime Phone

CR2E034 (12/95)