

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000026053 (5)**

1. Corporation Name
BJS PHARMACY, INC.



Principal Place of Business: **331 EAST ATLANTIC AVE. DELRAY BEACH FL 33483**
Mailing Address: **331 EAST ATLANTIC AVE. DELRAY BEACH FL 33483**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
03/31/1995	
4. FEIN Number	Applied For
65-0571071	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FEINBERG, JEFFREY
4651 SHERIDAN ST.
SUITE 300
HOLLYWOOD FL 33021**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0300 and 607.1509, Florida Statutes, the above named corporation certifies 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 607.0300, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETED
NAME	D YACHBES, BART
STREET ADDRESS	780 N.W. 100TH TERRACE
CITY-STATE-ZIP	PLANTATION FL 33324
TITLE	<input type="checkbox"/> DELETED
NAME	D ROSNER, CHARLES
STREET ADDRESS	15645 COLLINS AVE. APT. 406
CITY-STATE-ZIP	MIAMI BEACH FL 33160
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY-STATE-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-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct to the best of my knowledge and belief. I am not qualified for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and I am aware 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, authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: *Charles Rosner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)