


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 007908 1. Corporation Name ARCADIA DRUG STORE		(7)	
Principal Place of Business 120 W. OAK ST. P.O. BOX 584 ARCADIA FL 33821-34265		Mailing Address 120 W. OAK ST. P.O. BOX 584 ARCADIA FL 34265-0584	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent MUNDELL, J.R. 523 EAST MAGNOLIA ARCADIA FL 33821-34266		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 _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD
NAME	OLIVE, ROBERT L III	1.2 NAME	OLIVE, FAYE
STREET ADDRESS	1110 SW SCOTT DRIVE	1.3 STREET ADDRESS	1110 SW SCOTT DRIVE
CITY - ST - ZIP	ARCADIA FL	1.4 CITY - ST - ZIP	ARCADIA, FL 34266
TITLE	STD	2.1 TITLE	
NAME	MUNDELL, J R	2.2 NAME	
STREET ADDRESS	523 E MAGNOLIA DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	ARCADIA, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	MUNDELL, B J	3.2 NAME	
STREET ADDRESS	523 E MAGNOLIA DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	ARCADIA, FL 00000	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		4-9-97 (941) 494-1711	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)