

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 014032 (7)

1. Corporation Name

LEE'S PRESCRIPTION SHOPS, INC.



Principal Place of Business

Mailing Address

LEES PRESCRIPTIONS
2525 S W 3RD AVE
MIAMI FL 33129

LEES PRESCRIPTIONS
2525 S W 3RD AVE
MIAMI FL 33129

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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/21/1924

3a. Date of Last Report

05/01/1995

4. FEI Number

59-0223270

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

SCHOCKETT, ROBERT M
1415 CORUNA AVE
CORAL GABLES FL

81

Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

Suite

84

City

FL

85

Zip Code

33134

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. Do not sign over to another person.

Signature of Registered Agent. Signature required when changing.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	PINCUS, JULES	
STREET ADDRESS	11900 SW 72 PLACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	☒ DELETE
NAME	PINCUS, LIONEL	
STREET ADDRESS	11490 SW 72 AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	☒ DELETE
NAME	SCHOCKETT, ROBERT	
STREET ADDRESS	1415 AVE. CORUNA	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	☒ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
5. TITLE	Change	☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE	Change	☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE	Change	☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE	Change	☐ Addition
18. NAME		
19. STREET ADDRESS		
20. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Date

CR2E034 (12/95)