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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 153634

(1)

EAGLE DRUG COMPANY, INC.

FILED

Feb 02 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address						I 18840 I ILDRA GITURS TARFO DITER TITLE BERT REBIT BERTE BIDIT RESIS D'OTT DE DITERDE
1711 N. HOWARD AVE TAMPA FL 33607		1711 N. HOWARD AVE TAMPA FL 33607				
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address						01/01/1948
<u> </u>	race of Business	2a. Mailing Address				4. FEI Number Applied For
Suite, Apt.	# 010	Suite, Apt, #, etc.				59-0575715 Not Applicable
22	#, etc.					5. Certificate of Status Desired S8.75 Additional
City & State		City & State				Fee Required
 		├ '				6. Election Campaign Financing \$5.00 May Be
Zip	Country Zip C		Cov	intry		Trust Fund Contribution Added to Fees
24	25	29		as ici y		8. This corporation dwes or has paid the current year Intangible
241	9. Name and Address of Curren		30	г —		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
					Name	10. Name and Addition of New Hegistered Agent
CIMINO,BERNARD J					, 101110	
	1 N. HOWARD AVE		82 Street A		Street Ac	ddress (P.O. Box Number is Not Acceptable)
IAN	MPA FL 33607			83		
				0.0		
				84	City	FI 85 Zip Code
44 Burguant	to the proviolence of Scatlana SOZ OSO	O and COT 4500 Finish Chair				
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorized	g pa	the corpo	orporation's board of directors. I hereby accept the appointment as registered
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 Age 12. OFFICERS AND DIRECTORS 13.				a Agen	t signature rei	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1,1 10	TIF		Change Addition
NAME	CIMINO, BERNARD J.		1.2 NAME			E Grange E Justinon
STREET ADDRESS					ADORESS	
CITY-ST-ZIP	TARABLE MI					
TITLE	ST	DELETE	1.4 CITY-ST-ZIP		- 213	Change Addition
NAME	CIMINO, BERNARD J.JR.		2.2 NAME		İ	
STREET ADDRESS	1711 N. HOWARD AVE.				DEBTOO	
	TAMPA FL		2.3 STREET A			
CITY-ST-ZIP TITLE	IAMEN FL	DELETE	2. 4 CITY - ST - Z 3.1 TITLE		-ZiP	Change Addition
NAME			3.2 NA			Creating T Addraout
STREET ADDRESS						
					DDRESS	
CITY-SI-ZIP TITLE		☐ DELETE	3.4, CI 4.1 TIT	_	- 211	☐ Change ☐ Addition
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CITY-ST-ZIP TITLE		☐ DELETE	4.4 CIT		ZIP	Change Addition
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NAME CTREET AODDESS			5.2 NA	_		
STREET AODRESS			. I		DORESS	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CIT		ZIP	Chron Jadaten t
		- DEFEIG	6.1 TIT			Li Change Li Addition
NAME			6.2 NA		1	
STREET ADDRESS					DDRESS	
CITY-ST-ZIP	ortific that the information accounts	la riain Elina afan ant anner f	6.4 CIT	Y-ST-	ZIP	Carling (40 OT/OV/) Clashin Care and 17 of the Control of the Cont
IA. I DEFECT C	erary creat the insponstion supplied wit	it was thing does not quality to	or the exel	ropud	וזכ stated ו	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.