

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 2: 06

DOCUMENT # 213394 (0)

1. Corporation Name

ROBERT'S DRUG STORE, INC.

Principal Place of Business

**C/O JEROME STERN
590 W FLAGLER ST
MIAMI FL 33130-1326**

Mailing Address

**C/O JEROME STERN
590 W FLAGLER ST
MIAMI FL 33130-1326**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1958

3a. Date of Last Report

04/26/1994

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-0833497

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. 100.022,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STERN, JEROME
590 W FLAGLER ST
MIAMI FL 33130**

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 and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	STERN, WARREN
STREET ADDRESS	590 W FLAGLER ST
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	STERN, JEROME
STREET ADDRESS	350 SW 26 ROAD
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	STERN, MELBA
STREET ADDRESS	350 SW 26 ROAD
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	STERN, LOUIS R.
STREET ADDRESS	350 SW 26TH ROAD
CITY - ST - ZIP	MIAMI FL
TITLE	VPD
NAME	STERN, DAVID
STREET ADDRESS	590 W. FLAGLER ST.
CITY - ST - ZIP	MIAMI FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is accurately 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 person 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 addendum with an address.

SIGNATURE:

Signature, typed or printed name of signing officer or director

Feb. 21, 1995 (305) 545-0533