

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

FILED

May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O JEROME STERN Suite, Apt. #, etc. 350 SW 26 th ROAD City & State 23 MIAMI, FL Zip 24 33129		2a. Mailing Address 26 C/O LOUIS STERN Suite, Apt. #, etc. 27 2760 GARRISON AV. City & State 28 EVANSTON, IL. 60204 Zip 29 60201		3. Date Incorporated or Qualified 07/01/1958	
				4. FEI Number 59-0833497	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STERN, JEROME 590 W FLAGLER ST MIAMI FL 33130		10. Name and Address of New Registered Agent 81 Name JEROME STERN LOUIS STERN 82 Street Address (P.O. Box Number is Not Acceptable) 350 SW 26 th ROAD 83 84 City MIAMI, FL. FL 85 Zip Code 33129	
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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: Jerome Stern, Don P. B. 4-28-98
Signature of officer or director of corporation and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STERN, JEROME 350 SW 26 ROAD MIAMI FL 33129 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Add ZIP CODE 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STERN, MELBA 350 SW 26 ROAD MIAMI FL 33129 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STERN, LOUIS R 350 SW 26TH ROAD MIAMI FL 33129 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STERN, DAVID 590 W. FLAGLER ST. MIAMI FL 33130 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VPD STERN, DAVID 350 SW 26 th ROAD MIAMI, FL. 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 I were the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I declare that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: Jerome Stern, Don P. B. 4-28-98
811-708667603
305-854-0774
811-708667603

CR2E034 (10/97)