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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 217224

(5)

1. Corporation Name

PARK SHORE DRUG INC

Principal Place of Business

9531 NE 2ND AVE  
MIAMI SHORES FL 33138  
US

Mailing Address

9531 NE 2ND AVE  
MIAMI SHORES FL 33138  
US

2. Principal Place of Business

2a. Mailing Address

21

26

State: Application

State: Application

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City & State

City & State

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28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

SPRECHMAN, HOWARD  
9531 NE 2ND AVE  
MIAMI SHORES FL 33138

81 Name

82 Street Address, P.O. Box Number is Not Applicable

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.17(1)(b), 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 Sections 607.04(2) and 607.17(1)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| NAME                     | STREET ADDRESS   | CITY-STATE-ZIP  | TITLE |
|--------------------------|------------------|-----------------|-------|
| STD<br>SPRECHMAN, ELLEN  | 10898 NE 6TH AVE | MIAMI, FL 00000 | VP    |
| VP<br>SPRECHMAN, KENNETH | 10898 NE 6TH AVE | MIAMI, FL 00000 | VP    |
| VP<br>SPRECHMAN, STEVE   | 10898 NE 6TH AVE | MIAMI, FL 00000 | PD    |
| PD<br>SPRECHMAN, HOWARD  | 10898 NE 6TH AVE | MIAMI, FL 00000 | V     |
| V<br>GILLIS, ROBERT      | 10898 NE 6TH AVE | MIAMI FL        |       |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| NAME    | STREET ADDRESS    | CITY-STATE-ZIP    | TITLE    |
|---------|-------------------|-------------------|----------|
| 1 NAME  | 1 STREET ADDRESS  | 1 CITY-STATE-ZIP  | 1 TITLE  |
| 2 NAME  | 2 STREET ADDRESS  | 2 CITY-STATE-ZIP  | 2 TITLE  |
| 3 NAME  | 3 STREET ADDRESS  | 3 CITY-STATE-ZIP  | 3 TITLE  |
| 4 NAME  | 4 STREET ADDRESS  | 4 CITY-STATE-ZIP  | 4 TITLE  |
| 5 NAME  | 5 STREET ADDRESS  | 5 CITY-STATE-ZIP  | 5 TITLE  |
| 6 NAME  | 6 STREET ADDRESS  | 6 CITY-STATE-ZIP  | 6 TITLE  |
| 7 NAME  | 7 STREET ADDRESS  | 7 CITY-STATE-ZIP  | 7 TITLE  |
| 8 NAME  | 8 STREET ADDRESS  | 8 CITY-STATE-ZIP  | 8 TITLE  |
| 9 NAME  | 9 STREET ADDRESS  | 9 CITY-STATE-ZIP  | 9 TITLE  |
| 10 NAME | 10 STREET ADDRESS | 10 CITY-STATE-ZIP | 10 TITLE |

14. I hereby certify that the foregoing is a true and correct statement of the facts and does not apply for the exemption provided in Section 119.07(3)(a), Florida Statutes. I further certify that the information submitted on this form was not supplemented by any other information, and that my agent will make the same legal effect as if made under oath. That I am an officer or director of the corporation or the person who is the registered agent of the corporation. I hereby certify that the report is prepared by Chapter 607, Florida Statutes, and that my name appears in B 1, B 2, B 3, B 4, B 5, B 6, B 7, B 8, B 9, B 10, B 11, B 12, B 13, B 14, B 15, B 16, B 17, B 18, B 19, B 20, B 21, B 22, B 23, B 24, B 25, B 26, B 27, B 28, B 29, B 30, B 31, B 32, B 33, B 34, B 35, B 36, B 37, B 38, B 39, B 40, B 41, B 42, B 43, B 44, B 45, B 46, B 47, B 48, B 49, B 50, B 51, B 52, B 53, B 54, B 55, B 56, B 57, B 58, B 59, B 60, B 61, B 62, B 63, B 64, B 65, B 66, B 67, B 68, B 69, B 70, B 71, B 72, B 73, B 74, B 75, B 76, B 77, B 78, B 79, B 80, B 81, B 82, B 83, B 84, B 85, B 86, B 87, B 88, B 89, B 90, B 91, B 92, B 93, B 94, B 95, B 96, B 97, B 98, B 99, B 100, B 101, B 102, B 103, B 104, B 105, B 106, B 107, B 108, B 109, B 110, B 111, B 112, B 113, B 114, B 115, B 116, B 117, B 118, B 119, B 120, B 121, B 122, B 123, B 124, B 125, B 126, B 127, B 128, B 129, B 130, B 131, B 132, B 133, B 134, B 135, B 136, B 137, B 138, B 139, B 140, B 141, B 142, B 143, 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