

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33138-2704
US**

3. Date Incorporated or Qualified
11/13/1958

3a. Date of Last Report
04/12/1996

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

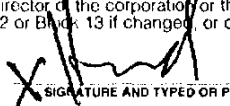
12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	SPRECHMAN, ELLEN	
STREET ADDRESS	10898 NE 6TH AVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VP	☒ DELETE
NAME	SPRECHMAN, KENNETH	
STREET ADDRESS	10898 NE 6TH AVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VP	☒ DELETE
NAME	SPRECHMAN, STEVE	
STREET ADDRESS	10898 NE 6TH AVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PD	☐ DELETE
NAME	SPRECHMAN, HOWARD	
STREET ADDRESS	10898 NE 6TH AVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	V	☐ DELETE
NAME	GILLIS, ROBERT	
STREET ADDRESS	10898 NE 6TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 687, 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

Daytime Phone #

0188935

CR2E034 (9/96)