


FILED  
May 22 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <b>DOCUMENT # 218900</b>          1. Corporation Name  <b>COX DRUG STORE, INC.</b> </div> <div style="font-size: 2em; font-weight: bold;">(9)</div> </div>		
Principal Place of Business <b>C/O MASSEY, WILLIAM. L.</b> <b>2340 HOLLYWOOD BLVD</b> <b>HOLLYWOOD FL 33020-6703</b> <b>US</b>		Mailing Address <b>C/O MASSEY, WILLIAM. L.</b> <b>2340 HOLLYWOOD BLVD</b> <b>HOLLYWOOD FL 33020-6703</b> <b>US</b>
<b>2. Principal Place of Business</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><b>21</b></div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><b>22</b></div> City & State <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><b>23</b></div> Zip                      Country <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><b>24</b></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><b>25</b></div>	<b>2a. Mailing Address</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><b>26</b></div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><b>27</b></div> City & State <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><b>28</b></div> Zip                      Country <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><b>29</b></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><b>30</b></div>	
<b>9. Name and Address of Current Registered Agent</b>		
<b>MASSEY, WILLIAM L.</b> <b>2340 HOLLYWOOD BLVD</b> <b>HOLLYWOOD FL 33020</b>		<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><b>81</b> Name</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><b>82</b> Street Address</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><b>83</b></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><b>84</b> City</div>
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or office, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>		
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)		
<b>12. OFFICERS AND DIRECTORS</b>		
<b>12.</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;"> <b>PD</b>  <b>MASSEY, WILLIAM</b>  <b>5417 MADISON ST.</b>  <b>HOLLYWOOD FL</b> </div> <div style="text-align: right; padding-top: 5px;"><input type="checkbox"/> DELETE</div>	<b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;"> <b>STD</b>  <b>MASSEY, MARTHA</b>  <b>5417 MADISON ST.</b>  <b>HOLLYWOOD FL</b> </div> <div style="text-align: right; padding-top: 5px;"><input type="checkbox"/> DELETE</div>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px; height: 40px;"></div> <div style="text-align: right; padding-top: 5px;"><input type="checkbox"/> DELETE</div>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px; height: 40px;"></div> <div style="text-align: right; padding-top: 5px;"><input type="checkbox"/> DELETE</div>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px; height: 40px;"></div> <div style="text-align: right; padding-top: 5px;"><input type="checkbox"/> DELETE</div>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px; height: 40px;"></div> <div style="text-align: right; padding-top: 5px;"><input type="checkbox"/> DELETE</div>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

[illegible]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/05/1959</b>		
4. FEI Number <b>59-0857887</b>	Applied For	
	Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
FL	65	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MASSEY, WILLIAM 5417 MADISON ST. HOLLYWOOD FL <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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MASSEY, MARTHA 5417 MADISON ST. HOLLYWOOD FL <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	<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	<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
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 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.

CR2E034 (10/97)