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FILED

Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 283975

(1)

1. Corporation Name  
COLONIAL CUT-RATE DRUGS INC

Principal Place of Business  
6835 W. 12TH AVE.  
HALEAH FL 33014

Mailing Address  
6835 W. 12TH AVE.  
HALEAH FL 33014-5103



3. Date Incorporated or Qualified  
08/05/1964

3a. Date of Last Report  
04/23/1996

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

10. Name and Address of New Registered Agent

BLATT, WARREN  
2150 NE 203 TERR  
N MIAMI BEACH FL 33179

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 the date

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | D                      | <input type="checkbox"/> DELETE |
| NAME            | BERKOWITZ, BARBARA     |                                 |
| STREET ADDRESS  | 2115 NE 204TH ST       |                                 |
| CITY - ST - ZIP | NO MIAMI BCH, FL 00000 |                                 |
| TITLE           | PPD                    | <input type="checkbox"/> DELETE |
| NAME            | BERKOWITZ, HOWARD      |                                 |
| STREET ADDRESS  | 2115 NE 204TH ST       |                                 |
| CITY - ST - ZIP | NO MIAMI BCH, FL 00000 |                                 |
| TITLE           | PVT                    | <input type="checkbox"/> DELETE |
| NAME            | BLATT, WARREN          |                                 |
| STREET ADDRESS  | 2150 NE 203 TERR       |                                 |
| CITY - ST - ZIP | NO MIAMI BCH, FL 00000 |                                 |
| TITLE           |                        | <input type="checkbox"/> DELETE |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> DELETE |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 119, 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

Jan 09 1997

Date

Daytime Phone #

0121801

CR2E034 (9/96)