

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
55 MAR -8 PM 2:51

**DOCUMENT # 316213 (8)**

1. Corporation Name  
**RELIABLE SUPER DRUGS, INC.**

Principal Place of Business      Mailing Address  
**1100 SE 5TH CT  
UNIT #64  
POMPANO BEACH FL 33060  
US**      **1100 SE 5TH CT  
#64  
POMPANO BEACH FL 33060  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/26/1967**      **04/15/1994**

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

4. FEI Number      Applied For  
**59-1196580**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing            **\$5.00 May Be  
Trust Fund Contribution      Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes       Yes       No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HEILPERN, ALAN  
110 SE 5TH CT #64  
POMPANO BEACH FL 33060**

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 registering)      DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PD</b>
NAME	<b>HEILPERN, ALAN M</b>
STREET ADDRESS	<b>1100 SE 5 CT #64</b>
CITY - ST - ZIP	<b>POMPANO BCH FL</b>
TITLE	<b>SD</b>
NAME	<b>SCHANFALD, SELWYN</b>
STREET ADDRESS	<b>1000 W. BAY HARBOR DR.</b>
CITY - ST - ZIP	<b>BAY HARBOR ISLD. FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 of this report, or other attachments with an address.

SIGNATURE: *Alan M Heilpern*  
\_\_\_\_\_  
Signature and typed or printed name of registered agent or director

Date      (Typed Name)