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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 3:01

DOCUMENT # **340311** **(0)**

1. Corporation Name
GORDON PLANTATION DRUGS INC

Principal Place of Business	Mailing Address
4330 W BROWARD BLVD PLANTATION FL 33317	4330 W BROWARD BLVD PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1969	3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1229794	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEACH,MARTIN 4330 W BROWARD BLVD PLANTATION FL 33314	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 Section 607.0202 and 607.0508, 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] 1/25/95
(Typed or printed name of registered agent and title if applicable) (Must be Registered Agent's signature if required where mentioned) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	PD	11 TITLE	☐ Change ☐ Addition
02 NAME	GUTTMAN,JEROME	12 NAME	
03 STREET ADDRESS	4330 W. BROWARD BLVD	13 STREET ADDRESS	
04 CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	
21 TITLE	VD	21 TITLE	☐ Change ☐ Addition
22 NAME	LEACH,MARTIN	22 NAME	
23 STREET ADDRESS	4330 W. BROWARD BLVD	23 STREET ADDRESS	
24 CITY-ST-ZIP	PLANTATION FL	24 CITY-ST-ZIP	
31 TITLE	SD	31 TITLE	☐ Change ☐ Addition
32 NAME	GUTTMAN, JEROME	32 NAME	
33 STREET ADDRESS	4330 W. BROWARD BLVD	33 STREET ADDRESS	
34 CITY-ST-ZIP	PLANTATION FL	34 CITY-ST-ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information contained with this blog is completely formatted and 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 above, or on an attachment with an address.

SIGNATURE: [signature] V.P. 1/25/95 1-305-587-2331
SIGNATURE, OFFICER OR DIRECTOR Date Daytime Phone #

0220013 CP