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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

340311

(0)

DOCUMENT #

1. Corporation Name **GORDON PLANTATION DRUGS INC** 

|  | N PLANTATION DIOGO II   |  |  |  |                          |                                      |   |
|--|---|--|--|--|--------------------------|--------------------------------------|---|
| rincipal Place of  | Business  | Mailing Address  |  | i radiidd (ii)ii diadii adiina (ii)di ii(a                     | (B) (184 #184) B(\$1) (  | #:#:: #10:: 111                      | 144 Mett. (88)  |
| 4330 W BROWARD BLVD PLANTATION FL 33317  4330 W BROWARD BLV PLANTATION FL 33317  |   |  |  |  |                          |                                      |   |
|  |   |  |  | 3. Date Incorporated or Qualified 01/20/1969                   | 3a. Date o               | f Last Repo<br>/18/1995              |   |
| . Principal Plac   | e of Business   | 2a. Mailing Address  |  | 4. FEI Number  |                          |                                      | plied For   |
|  |   | 26   | ·····  | 59-1229794   |                          | \$8.75 A                             | t Applicable  |
| Suite, Apt. #,   | etc.  | Suite, Apt. #, etc.  |  | Certificate of Status Desired                                  |                          | Fee Re                               |   |
| City & State   |   | City & State   |  | 6. Election Campaign Financing                                 |                          | \$5.00                               |   |
|  |   | 28   |  | Trust Fund Contribution  8. This corporation has liability for |                          | Added to                             |   |
| Ζφ   | Country   | Zip  | Country<br>30  | 8. This corporation has liability for Florida Statutes         | rintangibietax<br>is ∐No | prider 5 14                          | 33.0021   |
|  | 9. Name and Address of Currer   | 29 nt Registered Agent   |  | 10. Name and Address of New                                    | Registered A             | gent                                 |   |
|  | g. Italia   |  | 81 Name  |  |                          |                                      |   |
| LEACH,N  |   |  | 82 Street A  | address (P.O. Box Number is Not Accepta                        | able)                    |                                      |   |
|  | BROWARD BLVD  |  | 83   |  |                          |                                      |   |
| PLANTAT  | TION FL 33314   |  | 63   |  |                          | [an] 2 - (                           | Code  |
|  |   |  | 84 City  |  | FL                       | 85 Zip (                             | Code  |
|  | the provisions of Sections 607 (50)<br>diagent, or both, on the State of Per<br>n, and bedon't the shigation of Sec<br>signed re, byte or printed name of reported appr                                 | of · VIV.  | (NOTE: Registered Agont signature re   | equired when reinstating)                                      | DATE                     |                                      |   |
| IGNATURE   | signatire, typin or printed name of region red agen   | · VIY.   |  |  | DATE<br>FFICERS AND      | DIRECTOR                             | RS IN 12  |
| IGNATURE   | Signal re, Sport or printed manner tragger red agen<br>OFFICERS AN  | nt and title if applicable                                       | NOTE: Registered Agont signature re 13. 1. 1 TILE  | equired when reinstating)                                      | DATE<br>FFICERS AND      | DIRECTOR                             | RS IN 12  |
| IGNATURE   | ognutre, Spell of printed named regulard agent<br>OFFICERS AN<br>PD<br>GUTTMAN, JEROME  | nt and title if applicable  ND DIRECTORS                         | NOTE: Registered Agent signature re  13.  1.1 Title  1.2 NAME  | equired when reinstating)                                      | DATE<br>FFICERS AND      | DIRECTOR                             | RS IN 12  |
| GNATURE E  | Signal re, Sport or printed manner tragger red agen<br>OFFICERS AN  | nt and title if applicable  ND DIRECTORS                         | NOTE: Registered Agont signature re 13. 1. 1 TILE  | equired when reinstating)                                      | DATE<br>FFICERS AND      | DIRECTOR<br>Change                   | RS IN 12  |
| GNATURE  2.  ILE  IME  REET ADDRESS  TY-ST-ZIP   | PD GUTTMAN, JEROME 4330 W. BROWARD BLVD PLANTATION FL   | nt and title if applicable  ND DIRECTORS                         | NOTE: Registered Agent signature re  13.  1. 1 Title  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-2IP  2. 1 TITLE  | equired when reinstating)                                      | DATE<br>FFICERS AND      | DIRECTOR                             | RS IN 12  |
| GNATURE  S  LE  LIE  LIME  REET ADDRESS  TY-ST-ZIP  TLE  | PD GUTTMAN, JEROME 4330 W. BROWARD BLVD PLANTATION FL VD LEACH, MARTIN  | nt and title if expicable  ND DIRECTORS  DELETE                  | NOTE: Registered Agent signature re  13.  1. 1 TillE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  2.2 NAME   | equired when reinstating)                                      | DATE<br>FFICERS AND      | DIRECTOR<br>Change                   | RS IN 12  |
| GNATURE  2.  LLE  MME  REET ADDRESS  TY-ST-ZIP  TLE  MME  REFT ADDRESS   | PD GUTTMAN, JEROME 4330 W. BROWARD BLVD PLANTATION FL VD LEACH, MARTIN 4330 W. BROWARD BLVD   | nt and title if expicable  ND DIRECTORS  DELETE                  | NOTE: Registered Agent signature re  13.  1.1 Title  1.2 NAME  1.3 STHEET ADDRESS  1.4 CILY-SI-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  | equired when reinstating)                                      | DATE<br>FFICERS AND      | DIRECTOR<br>Change                   | RS IN 12 Addition                                     |
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ME O SIGNING OFFICER OR DIRECTOR