## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 340803

1. Corporation Name

(6)

D & H DRUG CORPORATION

FILED Apr 29 1997 8:00am Secretary of State

MOKSONALE FL 2209   ACKSONALE FL 22016-0809   ACKSONALE FL 22016-080	Principal Plac	ee of Business	Mailing Address					II DHAK DHUKI		HON PROM 1004	
2. Principal foce of Business 2. Principal foce of Business 2. Substitute	1302 KINGS	ROAD	4215 SOUTHPOINT BL	VD. STE 1	00						
2. Principal Name of Russiness   2a. Mainting Address   5. Series   5. Serie		TE PL 32209	JACKSONVILLE FL 822	216-0999		÷	•			•	
SARC, Apt   R.   COL   SARCH   R.   COL   R.   SARCH	2. Principal f	face of Business	2a. Mailing Address			***************************************				Applied For	
Solicy A Status  City A Status  A Name and Address of Current Registered Agent  STOPHEL SRCLYDE W  1312 KINGS RD  JACKSONVILLE FL  84 City  City A Status  85 Certificate of Status Desired Agent  87 Street Address (P.O. Row Number is Not Acceptable)  88 City FL  88 City FL  88 City City A Status  88 City FL  88 City City A Status  City	21		26				59-1233682		-	lot Applicable	
City & State  Country  Zip  Country  Zip  Sign   Country	Suite, Apt	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional	
Added to Fee   Provision   Added to Fee   Provision   Added to Fee   Provision   Added to Fee   Provision   Provision   Added to Fee   Provision   P		le .					6. Election Campaign Financing				
Zip   Country   Zip   20   30	23	28					, •				
25		Country	Zip	Co	untry	,	8. This corporation has liability for in	ntangible t	tax under	s. 199.032	
STOPHEL SRCLYDE W 1302 KINGS RD JACKSONVILLE FL  81 Name 82 Street Address of New Registered Agent 83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 City FL 86 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 80 Zip Cod	24			30			Ftorida Statutes	Yes 🗆	] No		
11. Pursuant to the provisions of Socions 607.0507 and 607.1508. Florida Statutes the above named corporation submits this statement for the purpose of changing lite registered agent are both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent a range and accept the pulpose of changing lite registered agent are both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent to an appointment as regist agent to a point agent age		9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Reg	istered A	gent		
Silent Numbers   Sile	ST	rophel Sr,Clyde W			81	Name					
### City ###	13	102 KINGS RD			82	Street Adr	Nrese /P.O. Boy Number is Not Acceptab	(a)			
B4	` JA	CKSONVILLE FL			02	Street Add	areas (1.0. box Number is Not Acceptate	,0)			
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 regist of local ceregy stored 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 regist agent. I am Jack joint with, and accept the pulpications of, Section 607 0505, Florida Statutes.  SIGNATURE  12.					83						
11. Pursuant to the provisions of Sections 607/0502 and 607 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its regis office agent or both, in the State of Florida. Schod change was authorized by the corporation's board of directors. I hereby accept the appointment as registing agent and paying with, and accept the polipations of, Section 607 0505, Florida Statutes.  SIGNATURE    Common					84	City			85 Zip	Code	
discourse stored agont or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agont and protecting by indication of Section 807,0506, Florida Statutes.  SIGNATURE  12. OFTICENS AND DIRECTORS			THE RESERVE TO THE PROPERTY OF								
DELETE   1,1 TITLE     Change   A   STOPHEL SR, CLYDE W   1302 KINGS ROAD   13 STREET ADDRESS   13 STREET ADDRESS   14 CTIT'-51-ZIP     Change   A   STOPHEL SR, CLYDE W   1302 KINGS ROAD   13 STREET ADDRESS   14 CTIT'-51-ZIP     Change   A   STOPHEL SR, CLYDE W   1302 KINGS ROAD   2 STREET ADDRESS   1302	agent La	an face har with, and accept the ob	ligations of, Section 607.0505, I						aritrient a	s registered	
NAME   STOPHEL SR,CLYDE W   12 MAME   13 STREET ADDRESS   1302 KINGS ROAD   13 STREET ADDRESS   14 CITY-ST-ZIP	12.		THE REPORT OF THE PARTY OF THE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
1302 KINGS ROAD	Tifut		☐ DELETE	1.1	TITLE				Change	Addition	
City   St 2P	NAME			1.2	NAME						
DELETE   Change   A   STOPHEL SR, CLYDE W   1302 KINGS ROAD   23 STREET ADDRESS	STEEFT ACCORDSS			1.3	STREET	ADDRESS					
STOPHEL SR, CLYDE W   1302 KINGS ROAD   23 STREET ADDRESS   24 CITY - ST - ZIP	CHY-ST-ZIF			1.41	CITY - S	st-ziP					
1302 KINGS ROAD   23 STREET ADDRESS   34 CITY-ST-ZIP	THEF	<u> </u>	☐ DELETE	2.1	TITLE				Change	Addition	
Color   Str. 70P	NAME			2.2	NAME						
DELETE   3.1 TITLE   Change   ANSBACHER, LEWIS   3.2 NAME   3.3 STREET ADDRESS   4215 SOUTHPOINT BLVD#100   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   TITLE   Change   A CHANGE	STHEE: ADORESS			2.3	STREET	ADDRESS					
NAME       ANSBACHER, LEWIS       3.2 NAME         SIBELIADORESS       4215 SOUTHPOINT BLVD#100       3.3 STREET ADDRESS         CIBY-S1-ZIP       DELETE       4.1 TIBLE         NAME       4.2 NAME         SIBELIADORESS       4.3 STREET ADDRESS         COLY-S1-ZIP       DELETE       5.1 TIBLE         NAME       5.2 NAME         SIBELIADORESS       5.3 STREET ADDRESS         CITY-S1-ZIP       DELETE       5.4 CITY-S1-ZIP         IPIE       Change       A         NAME       5.3 STREET ADDRESS         CITY-S1-ZIP       DELETE       6.3 TIBLE       Change       A         NAME       6.2 NAME       A       Change       A         SIMET ACORESS       6.3 STREET ADDRESS       A       Change       A	O(1) - S1 - 7IP	JACKSONVILLE FL		2.4	CITY-	ST-ZIP					
STREET ADDRESS   4215 SOUTHPOINT BLVD#100   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	TITLE.	D	DELETE	3.1	FITLE				Change	Addition	
DELETE   3.4. CITY-ST-ZIP	NAME		1400	3.2	NAME						
DELETE	STREET ADORESS		riw	3.3	STREET	ADDRESS					
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\$18661 ALORISS   \$4.3 STREET ADDRESS   \$4.4 CITY - \$1-21P   \$1.11LE   \$1.1			LI DELETE						Change	Addition	
A 4 CITY-ST-ZIP						- 1					
TITLE         DELETE         5.1 TITLE         Change         J.P.           NAME         5.2 NAME											
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STREET ADDRESS			L_1 OFFER						Unange	Addition	
CITY-ST_ZIP						<b> </b>					
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NAME SIRFET ACCRESS 6.2 NAME 6.3 STREET ADDRESS			I I note to			IT-ZIP			Chanca	Addit	
STREET ACCORESS 6.3 STREET ADDRESS			בן טנגנונ						Gnarkge	Addition	
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E 4 OF TO 1											
64 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4. 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	Caty SY- ZIP	by cortifue that the information	died with this filles does as				d in Section 110 07/07/2 Florida Control	16.45.			

4. I do hereby certify that the information supplied with this filing does not quality 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.

SIGNATURE

TYPED OR BRINTEN NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #