

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION  
ANNUAL REPORT  
1995FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONSAPPROVED  
AND  
FILED

95 MAY -1 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 345004

(6)

1. Corporation Name

KIMBERLY DRUG CO.

Principal Place of Business

% FEDCO, INC., 629 71ST ST.  
P.O. BOX 414258  
MIAMI BEACH FL 33141

Mailing Address

% FEDCO, INC., 629 71ST ST.  
P.O. BOX 414258  
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/22/1969

3a. Date of Last Report

07/22/1994

4. FEI Number

59-1271834

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RUSKIN, LLOYD L  
629 71ST ST  
P.O. BOX 414258  
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                    |
|-----------------|--------------------|
| TITLE           | ASD                |
| NAME            | RUSKIN, CANDACE    |
| STREET ADDRESS  | 629 71ST ST        |
| CITY - ST - ZIP | MIAMI BEACH FL     |
| TITLE           | CDT                |
| NAME            | DAVIDSON, JOSEPH H |
| STREET ADDRESS  | 629 71ST ST        |
| CITY - ST - ZIP | MIAMI BEACH FL     |
| TITLE           | SD                 |
| NAME            | DAVIDSON, ISABEL   |
| STREET ADDRESS  | 629 71ST ST        |
| CITY - ST - ZIP | MIAMI BEACH FL     |
| TITLE           | PD                 |
| NAME            | MULTACK, WILLIAM E |
| STREET ADDRESS  | 629 71ST ST        |
| CITY - ST - ZIP | MIAMI BEACH FL     |
| TITLE           | VCD                |
| NAME            | RUSKIN, L L        |
| STREET ADDRESS  | 629 71ST ST        |
| CITY - ST - ZIP | MIAMI BEACH FL     |
| TITLE           | ASD                |
| NAME            | MULTACK, JOELLEN   |
| STREET ADDRESS  | 629 71ST ST        |
| CITY - ST - ZIP | MIAMI BEACH FL     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 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 110.07(3)(k), 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 affidavit.

SIGNATURE:

LLOYD L. RUSKIN  
VICE CHAIRMAN OF THE BOARD  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR (RENEAL COURTESY)

3/31/95 8:55-4482