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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 345004

(6)

1. Corporation Name
KIMBERLY DRUG CO.

Principal Place of Business

621 71ST STREET
P.O. BOX 414258
MIAMI BEACH FL 33141
US

Mailing Address

621 71ST STREET
P.O. BOX 414258
MIAMI BEACH FL 33141-0258
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/22/1969

3a. Date of Last Report

04/29/1996

4. FEI Number

59-1271834

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

9. Name and Address of Current Registered Agent

RUSKIN, LLOYD L
621 71ST STREET
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 fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

4/25/97

12. OFFICERS AND DIRECTORS

TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	RUSKIN, CANDACE	
STREET ADDRESS	621 71ST STREET	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	CDT	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, JOSEPH H	
STREET ADDRESS	621 71ST STREET	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, ISABEL	
STREET ADDRESS	621 71ST STREET	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MULTACK, WILLIAM E	
STREET ADDRESS	621 71ST STREET	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	RUSKIN, L L	
STREET ADDRESS	621 71ST STREET	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	MULTACK, JOELLEN	
STREET ADDRESS	621 71ST STREET	
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 checked="" type="checkbox"/> Addition
4.2 NAME	C
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	5
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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED 4/25/97 (305) 865-4482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)