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Mar 17 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 # 346766 (9)

1. Corporation Name  
YOUR PHARMACY, INC.



Principal Place of Business: 656 N E 125TH ST NORTH MIAMI FL 33161  
Mailing Address: 656 N E 125TH ST NORTH MIAMI FL 33161-5546

3. Date Incorporated or Qualified: 05/23/1969  
3a. Date of Last Report: 04/22/1996  
4. FEI Number: 59-1262781  
6. 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: [X] Yes [ ] No

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  
9. Name and Address of Current Registered Agent: SHAFOR, GORDON F. 333 N.W. 159TH ST. MIAMI FL

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code (FL)

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] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS: D SHAFOR, GORDON F. 655 N.E. 143RD STREET N. MIAMI FL; P SHAFOR, RUSSELL E 21020 WOODSPRING AVE. BOCA RATON FL; SD SHAFOR, STEVEN, L 1800 N.E. 114TH ST., APT. 1406 N. MIAMI FL; T SHAFOR, MARY A 21020 WOODSPRING AVE BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1.1 TITLE; 1.2 NAME; 1.3 STREET ADDRESS; 1.4 CITY - ST - ZIP; 2.1 TITLE; 2.2 NAME; 2.3 STREET ADDRESS; 2.4 CITY - ST - ZIP; 3.1 TITLE; 3.2 NAME; 3.3 STREET ADDRESS; 3.4 CITY - ST - ZIP; 4.1 TITLE; 4.2 NAME; 4.3 STREET ADDRESS; 4.4 CITY - ST - ZIP; 5.1 TITLE; 5.2 NAME; 5.3 STREET ADDRESS; 5.4 CITY - ST - ZIP; 6.1 TITLE; 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 appointment with an address.

SIGNATURE: [Signature] 2/28/97 305-894-5440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)