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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 354441

(8)

FILED Mar 23 1998 8:00am Secretary of State

	HASTE PHARMACY, INC.				
Principal Plac	e of Business	Mailing Address		* * * * * * * * * * * * * * * * * * *	err anen aren åska
4401 SHERIO		4401 SHERIDAN STRE			
HULLTWWOL	FL 33021-3513	HOLLYWWOD FL 3303	21-3513	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				10/28/1969	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1290065	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		- \$8	75 Additional
22		27		I b Lightlicate of Status Desired I I '	e Required
City & State	9	City & State		6. Election Campaign Financing \$5	.00 May Be
23		28			ded to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year	ar Intangible
24	25	29	30	Personal Property Tax due June 30. Yes	□ No
Pul	9. Name and Address of Curr	ent Hegistered Agent	81 Name	10. Name and Address of New Registered Agent	
	SHMAN, ROBERT		81 Name		
	14 N. 46TH AVE.		82 Street Add	fress (P.O. Box Number is Not Acceptable)	
nc	PLLYWOOD FL 33021		83	<u> </u>	
			83		
			84 City	85	Zip Code
			1 - 1		
11 Purcuant	to the provisions of Sections 607.06	502 and 607 tena Florida Ctar		FL T	
11. Pursuant i	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	502 and 607,1508, Florida Statte of Florida Such change wa		FL T	ing Its registered
11. Pursuant to office or reagent. I as	o the provisions of Sections 607.09 agistered agent, or both, in the Sta in familiar with, and accept the obli	502 and 607.1508, Florida State of Florida. Such change waigations of, Section 607.0505,		poration submits this statement for the purpose of chang ation's board of directors. I hereby accept the appointment	ing Its registered it as registered
11. Pursuant office or reagent. I as			tutes, the above-named corpora is authorized by the corpora Florida Statutes.	poration submits this statement for the purpose of change attion's board of directors. I hereby accept the appointment	ing Its registered at as registered
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SIGNATURE	Signature, typed or printed name of registered a OFFICERS A STD FISHMAN, ROBERT	agent and title if applicable. (N ND DIRECTORS	tules, the above-named corporal sauthorized by the corporal Florida Statutes. OTE Registered Agent signature requirements.	poration submits this statement for the purpose of chang attion's board of directors. I hereby accept the appointment after when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS	CTORS IN 12
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14. I hereby certify that the information supplied with this filing does not challfy for the examption 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 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 trustor appears in Block 12 or Block 13 if changed, or on an attachment with a raddress.

SIGNATURE.

CR2E034 (10/97)