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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: A

Corporation I	MENT # 3595 'S PHARMACIES, INC.	78 (2)						
DIAL	O I HAMMOLO, INO.							
Principal Place of Business Mailing Address					199198 11101 91101 91111			
864 ORANGE AVE. 864 ORANGE								
DAYTONA 8	BEACH FL 32114	DAYTONA BEACH F	L 32114		3. Date Incorporated or Qualified	3a. Date of	f Last De	anod
					02/11/1970	1	3/01/1	
Principal Plan	ce of Business	2a. Mailing Address			4. FEI Number			Applied For
26		26	· ·		59-1283988	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		Election Campaign Financing			May Be
City & State		28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for		under s	199.032,
	25	29	30			No No	vont	
	9. Name and Address of Curr	ent Registered Agent		31 Name	10. Name and Address of New F	redisteren wa	JOIN	
	···· irrenev					.)		
BERTEAU, JEFFREY 457 MERRIMAC DR.			'	Street Add	dress (P.O. Box Number is Not Acceptab	оюј		
	ORANGE FL 32127		ļī	B3				
roni	OIVINGE LE GETE!		-	B4 City			85 Z ₁	p Code
					oration submits this statement for the pu	FL_		
	o the provisions of Sections 607.05 ed agent, or both, in the State of Flo	stade out of ange trad doctor					-	
familiar with IGNATURE	·	ection 607.0505, Fiorida Statutes				DATE		
familiar with GNATURE	Signature, typed or printed name of registered ag	ection 607.0505, Fiorida Statutes		igent signature requir		DATE FICERS AND D	DIRECTO	DRS IN 12
familiar with	Signature, typed or printed name of registered ag	ent and tire if applicable (NC	TE: Registered A	lgent signature requir	red when reinslating):	DATE FICERS AND D		
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