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0488738

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 28 PM 6:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **390887**

1. Corporation Name
PAYLESS DRUG SHOPS, INC.

Principal Place of Business	Mailing Address
701 W JEFFERSON BROOKSVILLE FL 34601	106 N OSCEOLA AVE INVERNESS FL 34450 Canceled IN ETHOR

05/22/98 010430 150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip / Country
24 [25]

2a. Mailing Address
26 500 W. Third Av
Suite, Apt. #, etc
27
City & State
28 WARREN, PA
29 16365 Zip
[30] WARREN Country

3. Date Incorporated or Qualified
11/04/1971

4. F.E.I. Number
59-1426683
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MICHAEL T KOVACH, ESQ
106 N OSCEOLA AVE
INVERNESS FL 34450
Canceled in Ethor
Still Agent

10. Name and Address of New Registered Agent

81 Name Beverley Sibertson
82 Street Address (P.O. Box Number is Not Acceptable)
500 W. Third Av
83
84 City WARREN PA FL 85 Zip Code 16365

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 Beverley Sibertson
Signature, typed or printed name of registered agent and the date as to each (NOTE: Registered Agent is required to sign) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D/P Beverly Sibertson	[ ] DELETE	11 TITLE	[ ] Change	[ ] Addition
NAME	SIBERTSON,MARSHALL		12 NAME		
STREET ADDRESS	7339 E GULF TO LAKE HWY		13 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34450		14 CITY-ST-ZIP		
TITLE		[ ] DELETE	21 TITLE	[ ] Change	[ ] Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		[ ] DELETE	31 TITLE	[ ] Change	[ ] Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE	[ ] Change	[ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE	[ ] Change	[ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE	[ ] Change	[ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

4/30/99

14. I 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, with all other like empowered.

SIGNATURE: Marshall Sibertson 4-12-99 814-726-9245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)