FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 05 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

CITY-ST-ZIP

DOCUMENT # 394754 (6) BOCA RATON COMMUNITY PHARMACY, INC. Principal Place of Business Mailing Address	
Principal Place of Business Mailing Address	
801 MEADOWS RD BOCA RATON FL 33486 BOCA RATON FL 33486 DO NOT WRITE IN THIS S	SPACE
3. Date Incorporated or Qualified	
01/11/1972	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 59-1377240 Suite, Apt. #, etc. Suite, Apt. #, etc.	Not Applicable \$8.75 Additional
5. Certificate of Status Desired	Fee Required
City & State City & State 5. Election Campaign Financing	\$5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the curr	rrent year Intangible
	Yes No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered A	Agent
ASHBAUGH, A RODNEY 801 MEADOWS ROAD BOCA RATON FL 33432 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	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 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 appearagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	_ 」
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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 man attachment with an address.

6.4 CITY-ST-ZIP