

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

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**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90038 013 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 403347**

1. Corporation Name  
**GOODMAN DRUGS, INC.**

Principal Place of Business 1234 NE 4TH AVENUE FT. LAUDERDALE FL 33311-7235 US	Mailing Address 1234 NE 4TH AVENUE FT. LAUDERDALE FL 33311-7235 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>06/20/1972</b>	Applied For <input type="checkbox"/>
4. FEI Number <b>59-1399391</b>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GLASSER, ELAINE G.**  
**708 NE 20TH DRIVE**  
**WILTON MANORS FL 33305**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DPST <input type="checkbox"/> DELETE
NAME	GLASSER, ELAINE G
STREET ADDRESS	708 NE 20TH DRIVE
CITY-ST-ZIP	WILTON MANORS FL
TITLE	Secretary - Treasurer <input type="checkbox"/> DELETE
NAME	MICHELLE W. GLASSER
STREET ADDRESS	708 NE 20th DR.
CITY-ST-ZIP	WILTON MANORS, FL 33305-2220
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elaine G. Glasser
1.3 STREET ADDRESS	708 NE 20th DR.
1.4 CITY-ST-ZIP	WILTON MANORS, FL 33305-2220
2.1 TITLE	Suci - TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michelle W. Glasser
2.3 STREET ADDRESS	708 NE 20th DR.
2.4 CITY-ST-ZIP	WILTON MANORS, FL 33305-2220
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: (X) Elaine G. Glasser 3-11-99 954-764-6257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF 2E034 (11/98)