

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **416864** (7)

1. Corporation Name
NAPLES FIFTH AVENUE PHARMACY, INC.



Principal Place of Business
**800 FIFTH AVE SOUTH
NAPLES FL 33940**

Mailing Address
**800 FIFTH AVE SOUTH
NAPLES FL 33940**

3. Date Incorporated or Qualified **01/16/1973** 3a. Date of Last Report **05/01/1995**

21. Principal Place of Business State, Apt. #, etc.	22. City, & State	23. Zip	24. Country	25. Country	26. Mailing Address State, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEE Number 59-1431608	Applied For Not Applicable
<p>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</p> <p>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees</p> <p>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>											

9. Name and Address of Current Registered Agent WOJCIK, JOHN 800 5TH AVE, S NAPLES FL 33940					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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOJCIK, JOHN	1.2 NAME	
STREET ADDRESS	800 5TH AVE, S	1.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES, FL 00000	1.4 CITY, ST, ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY WOJCIK	2.2 NAME	
STREET ADDRESS	800 5TH AVE SO.	2.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	2.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, I, or on an amendment with an address.

SIGNATURE: *John Wojcik* 1-20-96 941-261-8556

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

CR2E034 (12/95)