

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

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**Mar 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34102-6606
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3. Date Incorporated or Qualified 01/16/1973	3a. Date of Last Report 02/02/1996
4. FEI Number 59-1431608	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 800-Fifth Ave South Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Naples, FL	27 City & State
24 Zip 34102 25 Country Collrer	28 Zip Country 29 30

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 **Wojcik, John**
82 Street Address (P.O. Box Number is Not Acceptable)
800 5th Ave S. (Same Agent New Zip)
83
84 City **Naples** FL 85 Zip Code **34102**

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PVT	<input type="checkbox"/>
NAME	WOJCIK, JOHN	
STREET ADDRESS	800 5TH AVE, S	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	S	<input type="checkbox"/>
NAME	NANCY WOJCIK	
STREET ADDRESS	800 5TH AVE SO.	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PVT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Wojcik, John		
1.3 STREET ADDRESS	800 5th Ave So		(New zip)
1.4 CITY-ST-ZIP	Naples FL. 34102		
2.1 TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Nancy Wojcik		
2.3 STREET ADDRESS	800-5th Ave So.		(New zip)
2.4 CITY-ST-ZIP	Naples FL. 34102		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

CR2E034 (9/96)