

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

FILED
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

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

3. Date Incorporated or Qualified
01/16/1973

3a. Date of Last Report
02/02/1996

4. FEI Number
59-1431608

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 800-Fifth Ave South
Suite, Apt. #, etc.
22
City & State
23 Naples, FL
Zip
24 34102
Country
25 Collrer
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
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.
83 (Same Agent)
84 City Naples
85 Zip Code FL 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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVT	<input type="checkbox"/> DELETE
NAME	WOJCIK, JOHN	
STREET ADDRESS	800 5TH AVE, S	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NANCY WOJCIK	
STREET ADDRESS	800 5TH AVE SO.	
CITY-ST-ZIP	NAPLES FL	
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	PVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wojcik, John	(New zip)
1.3 STREET ADDRESS	800 5th Ave So	
1.4 CITY-ST-ZIP	Naples FL 34102	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Nancy Wojcik	(New zip)
2.3 STREET ADDRESS	800-5th Ave So.	
2.4 CITY-ST-ZIP	Naples FL 34102	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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)