

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 8:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 473431

(5)

1. Corporation Name

HOWARD'S BEACH DRUGS, INC.

Principal Place of Business

Mailing Address

**2903 COLLINS AVE
MIAMI BEACH FL 33140**

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MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/02/1975	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1588255	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. This corporation has elected to be taxed as a corporation ☐	\$5.00 May Be Added to Fees
7. This corporation has liability for corporate tax under § 190.002, Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**MALTZ, HOWARD
6380 N. BAY ROAD
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
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

Registered Agent Signature (Required for Change of Agent)

12. Registered Agent Signature (Required for Change of Agent)

(Date)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
NAME	P MALTZ, HOWARD 6380 N. BAY ROAD MIAMI BEACH FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME	VST MALTZ, EILEEN 6380 N. BAY ROAD MIAMI BEACH FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	☐ Change ☐ Addition
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CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information included 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. 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 of this report, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 6-15-95

X 5310459