

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90097 006 ***150.00

'	1999		DIVISION OF CO	ORPORATIONS	{			
t. Corporation								
HOWARI	D'S BEACH DRUGS	, INC	ــ ، ``سَّنْ بــ		-		aī aiau disu sium atlik B	94(1 AFA (1 FA A)
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Principal Place	n of Business	M	ailing Address			† 1900) i bibli isand înii saboo iidel ii	O VEDERO HERE DE PROPERTO LEGICO E	HANY BEATH IA DY
2903 COLLINS			OS COLLINS AVE					
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140						OO NOT WRITE I	N THIS SPACE	
	•				3.	Date Incorporated or Qualifed		s
						04/02/1975		
2. Principal Place of Business			Za. Mailing Address			4. FEI Number Applied Fo.		
21		26				<u>59-1588255</u>	1 No	t Applicable
Suite, Apt.	#, etc.	 1	Suite, Apt. #, etc.		5.	Certificate of Status Desired	Fee Re	
22 City & State		27	- City & State	\$ 2200 Comp. 1200	-6.	Election Campaign Financing	\$5.00	
23	- , ,	28	<u> </u>			Trust Fund Contribution	Added to	- 1
Zip	Country		Zip	Country	8.	This corporation owes the current	year intangible Yes	□No
24	9. Name and Address	29		90	10.	Personal Property Tax. Name and Address of New Regi		
	EILEEN	or current Rogis	tered Agent	81 Name		Hanta and America		
IAALTZ LICHARDS					ddress (F	P.O. Box Number is Not Acceptable)	
: 6380-N: BAY ROAD				12	80	101 STREET	· · · · · · · · · · · · · · · · · · ·	
MIAMI BEACH FL 33140-								
				84 City	W. 11	ABOR	FL 85 Zp C	ode 1534
11. Pursuant	to the provisions of Section	s 607 0502 and 6	07.1508. Florida Statutes	the shows samed a	omomic	n exhaute this statement for the our	ose of changing its	registered
Affine or r	egistered agent, or both, in m.familiar with, and accept	the State of Florid	ia. Such change was aut	nonzed by the corpor	ration's bo	pard of directors. I hereby accept the	e appointment as reg	gistered
SIGNATURE	21	en Y	act Di	us - Ert	CEN .	MALTZ 7	7-77	<u>`</u>
	Signature, typed or printed name of	egistered againt and title		Registered Agent aignature rec	quired when o	whateting) ADDITIONS/CHANGES TO OFFICE	PATE ERS AND DIRECTOR	RS IN 12
12.	P Eileen	ICERS AND DIRE	☐ DELETE	1.1 TITLE			∫ Change	RS IN 12
NAME	MALTZHOWARD	I = X		1.2 NAME			·	3
STREET ADDRESS	6380 N. BAY ROAD.			1.3 STREET ADDRESS	128		•	ا ا
CITY-ST-ZIP	MIAMI BEACH FL.		☐ DELETE	1.4 CITY-ST-ZIP	BAY	HMBOR FL 33154	Б ≹Change	Āddītion C
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NAME STREET ADDRESS	MALTZ, EILEEN -6980 N. BAY ROAD-			23 STREET ADDRESS	1280	.101 STREET	•	l l
CITY-ST-ZIP	-MIAMI-BEACH FL		ومستريب والمستريب	2.4 CITY-ST-ZIP	B:84	HARBOR FL 33154	·	
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STREET ADDRESS	-			3.3 STREET ADDRESS				
TITLE			DELETE	3.4. CITY-ST-ZIP			Change	Addition
NAME				4.2 NAME			•	ŧ
STREET ADDRESS				4.3 STREET ADDRESS				
CITY-ST-ZIP				4.4 CITY-ST-ZIP			Change	Addition
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME				
NAME STREET ADDRESS				5.3 STREET ADDRESS				1
STREET ADDRESS City-St-ZIP			•	5.4 CITY-ST-ZIP		_		
TITLE			☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME	·			. 8.2 NAME		ب بندن في المنظم ا	- <u>-:::::</u>	يد احصوب
STREET ADDRESS			-	8.3 STREET ADDRESS			•	}
CITY-ST-ZIP	<u> </u>			5.4 CITY-ST-ZIP	1. 6	440 07/2)(I) Florido Statutos I fue	thes earlify that the ir	-tormation

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the imformation 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 eath; that I am 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: _