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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 490293 1. Corporation Name

Principal Place of Business

GULFSHORE DISCOUNT PHARMACY, INC.

NAPLES FL 341	ORE BLVD. NORTH	NAPLES FL 34102						
US US		US			DO NOT WRITE IN THIS SPACE			
	•				3. Date Incorporated or Qualifed 11/25/1975			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	- Ap	plied For	
21		26		59-1618645	No	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re		
22 City & Stat	te .	City & State			6. Election Campaign Financing		Mav Be	ĺ
23	. ,	28			Trust Fund Contribution	Added 1	,	
Zip	Country	Zip	Country	,	8. This corporation owes the current ye			
24	25	29	30		Personal Property Tax.	X Yes	□No	
	9. Name and Address of Current	<u> </u>			10. Name and Address of New Regis	tered Agent	·····	
	455250	•	81	Name				ĺ
CEL 6110	WSTER, J.R. -20 AVE. SW	~ (M)	82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	LES FL 34116		83		1. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	1121 818 1 818 1 818 1 818 II	100 2 30 100	
								l
, .			84	City		FL 85 Zip (Code	l
11. Pursuant	to the provisions of Sections 607:0502	and 607.1508. Florida Statutes	s, the above	e-named con	poration submits this statement for the purpor	ose of changing its	registered	
	registered agent, or both, in the State of the familiar with, and accept the obligate the collection of the state of the s	N MODDA: SUCH CHANGE WAS ALL	monzea ov	me corporat	tion's board of directors. I hereby accept the	appointment as re	gistered	
SIGNATURE					- D	ATE	•	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R 12. OFFICERS AND DIRECTORS			13.	nt signature requir	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	OFFICERS ANI	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	1. The training of the control of th	☐ Change	☐ Addition	1
NAME	BREWSTER, J.R.		1.2 NAME		Committee of the second of the	_ ,		
STREET ADDRESS	6110-20 AVENUE SW			T ADDRESS				1
	NAPLES FL		1.4 CITY-S					
CITY-ST-ZIP TITLE	ST	☐ DELETE	2.1 TITLE	1-ZIP		☐ Change	Addition	
	BREWSTER, C.L.	<u></u>	2.2 NAME			,	_	
NAME ,			2.3 STREET	TANNDESS				
STREET ADDRESS	NAPLES FL							
CITY-ST-ZIP	IVAPLES PL	☐ DELETE	2.4 CITY-S	ol-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME : 1	SIGNARY CONTRACTOR	-	3.2 NAME		:		_	ł
200	AND AND COMPANY OF THE PARTY OF	* 4	3.3 STREE	TARODECC		*** * * *		1
STREET ADDRESS	FS AC 35116.	•	3.4. CITY-S	- 1				ĺ
CITY-ST-ZIP		☐ DELETE	4,1 TITLE	51-ZIP		Change	Addition	ĺ
		, 	4.2 NAME					ĺ
	Programme Commence	1.		TADDRESS	ta di kacamatan da k			1
STREET ADDRESS			1	i	•			ĺ
CITY-ST-ZIP		DELETE	4.4 CITY-S	1-411"	· · · · · · · · · · · · · · · · · · ·	☐ Change	· Addition	
NAME			5.1 NAME		* 3125 ·			
	:	•	5.3 STREE	TADORESS		•		L
STREET ADDRESS	Į.p		5.4 CITY-S					1
CITY-ST-ZIP	BRAVISTEL J.B	☐ DELETE	6.1 TITLE	+		Change	Addition	:
NAME	6110-28 AVENUE 3.0	- Deterie	6.2 NAME			_ 590		

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90003 010 ***150.00



14. I 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 with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

MATERS ST