

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
www.flsos.state.fl.us

APPROVED

DOCUMENT # **534734** (9)  
1. Corporation Name  
**COST LESS DRUGS, INC.**

APPROVED  
MAY 15 1995  
TALLAHASSEE, FLORIDA

Principal Place of Business: **100 S. DIXIE HWY. HOLLYWOOD FL 33020**  
Mailing Address: **100 S. DIXIE HWY. HOLLYWOOD FL 33020**

(Do not write in this space)

3. Date incorporated or organized: **04/15/1977**  
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. State: Apt. # etc.	26. <b>2311 Thomas St</b>	31-0904416	Not Applicable
22. City & State	27. <b>Hollywood FL</b>	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. <b>33020</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. City	29. <b>Hollywood</b>	6. This corporation has liability for intangible tax under § 199.002, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>SCHWARZ, LARRY 10510 NW 18TH PLACE PEMBROKE PINES FL 33026</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. State <b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation solemnly this statement for the purpose of changing its registered office or registered agent or both in this State of Florida. Such change was authorized by the corporation's board of directors, jointly, subject to the appointment as registered agent, I am SIGNATURE: *Larry Schwarz*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	<b>PD SCHWARZ, EUGENE 521 HOLIDAY DRIVE GOLDEN ISLE FL</b>	1. NAME	<b>E. D. Schwarz, Adole</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	<b>ST SCHWARZ, ADEL 521 HOLIDAY DR. GOLDEN ISLE FL</b>	2. NAME	
OFFICER	<b>V SCHWARZ, LARRY 10510 N.W. 18 PLACE PEMBROKE PINES FL</b>	3. NAME	<b>Pres</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	<b>V SCHWARZ, JAMES 497 CATLIN RD RICHMOND HEIGHTS OH</b>	4. NAME	
OFFICER		5. NAME	
OFFICER		6. NAME	
OFFICER		7. NAME	
OFFICER		8. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt filing status as provided in Section 199.002, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing or on an attached filing with an address.

SIGNATURE: *Larry Schwarz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95 305-922-2800