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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 8:16

DOCUMENT # **538358** **(3)**

1. Corporation Name

MAINLANDS PHARMACY, INC.

Principal Place of Business	Mailing Address
3495 SW ASPEN PL PALM CITY FL 34990 US	3495 SW ASPEN PLACE PALM CITY FL 34990 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1977	3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-1755334	☐ Applied For ☐ Not Applicable
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	2a. Mailing Address
21 2754 S.W. Mariposa	26 2754 S.W. Mariposa,
Suite, Apt. #, etc. 22 Cir.	Suite, Apt. #, etc. 27 Circle
City & State 23 Palm City, Fl	City & State 28 Palm City, Fl
Zip 24 34990 Country 25 U.S.	Zip 29 34990 Country 30 U.S.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MANOCHIO, JOHN J 3495 SW ASPEN PL PALM CITY FL 34990	81 Name: MANOCHIO, John J. 82 Street Address (P.O. Box Number is Not Acceptable): 2754 S.W. Mariposa, Circle 83 84 City: Palm City FL 85 Zip Code: 34990

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: JOHN J. MANOCHIO John J. Manochio 6-11-95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	VP	☑ Change ☐ Addition
NAME	MANOCHIO, NANCY E.	12 NAME	MANOCHIO, NANCY E.	
STREET ADDRESS	3495 S.W. ASPEN PL	13 STREET ADDRESS	2754 S.W. MARIPOSA CIRCLE	
CITY ST ZIP	PALM CITY FL	14 CITY ST ZIP	PALM CITY, FLA 34990	
TITLE	ST	21 TITLE	ST	☑ Change ☐ Addition
NAME	MANOCHIO, JOHN J.	22 NAME	MANOCHIO, JOHN J.	
STREET ADDRESS	3495 S.W. ASPEN PL.	23 STREET ADDRESS	2754 S.W. MARIPOSA CIRCLE	
CITY ST ZIP	PALM CITY FL	24 CITY ST ZIP	PALM CITY, FLA 34990	
TITLE	PD	31 TITLE	PD	☑ Change ☐ Addition
NAME	MANOCHIO, JOHN J.	32 NAME	MANOCHIO, JOHN J	
STREET ADDRESS	3495 S.W. ASPEN PL	33 STREET ADDRESS	2754 S.W. MARIPOSA CIRCLE	
CITY ST ZIP	PALM CITY FL	34 CITY ST ZIP	PALM CITY, FLA 34990	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE: John J. Manochio JOHN J. MANOCHIO 6-11-95 407-286-1135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0172345 FP

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 539738 (5)

1. Corporation Name

FLAGLER SURPLUS, INC.

Principal Place of Business	Mailing Address
1798 WEST FLAGLER ST. MIAMI FL 33135	1798 WEST FLAGLER ST. MIAMI FL 33135

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1977
3a. Date of Last Report: 03/08/1994

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

4. FEI Number: 59-1751619 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

SCHULBERG, ALAN
1798 WEST FLAGLER ST.
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS, ETC.		
TITLE	VP	11 TITLE	P	☒ Change ☐ Addition
NAME	SCHULBERG, RICHARD	12 NAME	ALAN SCHULBERG	
STREET ADDRESS	1798 W. FLAGLER ST.	13 STREET ADDRESS	1798 W. FLAGLER ST.	
CITY ST ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	SCHULBERG, ALAN	22 NAME		
STREET ADDRESS	1798 W. FLAGLER ST.	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	MGT	☒ Change ☐ Addition
NAME	SCHULBERG, RICHARD	32 NAME	MARC SCHULBERG	
STREET ADDRESS	1798 W. FLAGLER ST.	33 STREET ADDRESS	1798 W. FLAGLER	
CITY ST ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Alan M. Schulberg ALAN M. SCHULBERG 6/8/95 (305)642-3436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042630 CP