


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

FILED

Apr 23 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|--|--|---|--|
| DOCUMENT # 538532 (3) 1. Corporation Name BUTTERFIELD DRUG STORE, INC. | | | |
| Principal Place of Business 100 NORTH 26 STREET FT. PIERCE FL 34947 US | | Mailing Address 100 NORTH 26 STREET FT. PIERCE FL 34947-3309 US | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 | | 2a. Mailing Address 26 P.O. Box 3429 27 Suite, Apt. #, etc. 28 Ft. Pierce, Florida 29 Zip Country 30 34948 U.S.A. | |
| 9. Name and Address of Current Registered Agent CROSS, MAX E. 200 NORTH 4TH STREET FT. PIERCE FL | | 3. Date Incorporated or Qualified 07/01/1977 3a. Date of Last Report 05/01/1996 4. FEI Number 59-1748520 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: <i>[Signature]</i> Max Cross President 4-17-97 (NOTE: Registered Agent signature required when reinstating) | | 10. Name and Address of New Registered Agent 81 Name Max E. Cross 82 Street Address (P.O. Box Number is Not Acceptable) 2060 Megans Ocean Walk 83 84 City Vero Beach FL 85 Zip Code 32963 | |
| 12. OFFICERS AND DIRECTORS 1. TITLE <input type="checkbox"/> DELETE NAME PD CROSS, MAX E. STREET ADDRESS 200 N 4TH ST CITY- ST- ZIP FT. PIERCE FL 2. TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP 3. TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP 4. TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP 5. TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP 2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP 3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP 4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP 5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP 6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP | |
| 14. I do hereby certify that the information supplied with this filing does not qualify for 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 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: <i>[Signature]</i> Max Cross, President 4-17-97 Date Daytime Phone # | | | |



CR2E034 (9/96)