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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **567286** (0)

To: Corporation Name
AJS DRUGS, INC.

Principal Office of Business: **1500 EAST HILLSBORO BLVD. DEERFIELD BEACH FL 33441**
Mailing Address: **1500 EAST HILLSBORO BLVD. DEERFIELD BEACH FL 33441**

DO NOT WRITE IN THIS SPACE

2. Principal Office of Business		2b. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
1500 EAST HILLSBORO BLVD. DEERFIELD BEACH FL 33441		1500 EAST HILLSBORO BLVD. DEERFIELD BEACH FL 33441		03/23/1978	04/27/1994
21. State of Inc.	26. State of Mailing	4. FEI Number	Applied For		
22. State of Reg.	27. State of Reg.	59-1814833	Not Applicable		
23. City & State	28. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
24. No. of Shares	25. No. of Shares	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
29. No. of Shares	30. No. of Shares	8. The corporation has liability for intangible tax under § 193.02, 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			
GOLDSTEIN, STEVEN C. 11710 N.W. 29 ST. SUNRISE FL 33323				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0802 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in order for 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 607.0802, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME TITLE ADDRESS CITY & STATE	PSD GOLDSTEIN, STEVEN C. 11710 N.W. 29TH ST. SUNRISE FL	13.1 NAME ADDRESS CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME TITLE ADDRESS CITY & STATE	T GOLDSTEIN, STEVEN C. 11710 N.W. 29TH ST. SUNRISE FL	13.2 NAME ADDRESS CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME TITLE ADDRESS CITY & STATE		13.3 NAME ADDRESS CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME TITLE ADDRESS CITY & STATE		13.4 NAME ADDRESS CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME TITLE ADDRESS CITY & STATE		13.5 NAME ADDRESS CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME TITLE ADDRESS CITY & STATE		13.6 NAME ADDRESS CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME TITLE ADDRESS CITY & STATE		13.7 NAME ADDRESS CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurately prepared and does not qualify for the exemption stated in Section 193.02(4), Florida Statutes. Further, I 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 in person. That captioned office of the corporation or the person or location designated to receive this report as required by Chapter 14, Florida Statutes, and that my name appears on the front cover of the report or on an attachment, with an address.

SIGNATURE: *Steven C. Goldstein, Pres.* - STEVEN C. GOLDSTEIN 3/14/95 305-427-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES.