

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 25, 1999 8:00 am**  
**Secretary of State**

08-25-1999 90006 025 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 656410**  
1. Corporation Name  
**PRESCRIPTION PLAN CORPORATION**

Principal Place of Business  
**%FRED E. GLICKMAN, ESQ.**  
**9200 S. DADELAND BLVD., SUITE 508**  
**MIAMI FL 33156**

Mailing Address  
**%FRED E. GLICKMAN, ESQ.**  
**9200 S. DADELAND BLVD., SUITE 508**  
**MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/20/1980**

4. FEI Number

**59-1998279**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLICKMAN, FRED E., ESQ.**  
**9200 S. DADELAND BLVD., SUITE 508**  
**MIAMI FL 33156**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>KONIGSBERG, ALVIN S.</b>	
STREET ADDRESS	<b>156 STRATFORD RD.</b>	
CITY-ST-ZIP	<b>BROOKLYN NY</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>KONIGSBERG, LILLIAN</b>	
STREET ADDRESS	<b>156 STRATFORD RD.</b>	
CITY-ST-ZIP	<b>BROOKLYN NY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

212-279-5950

CR2E034 (5/99)

# ***Prescription Plan Corporation***

**7 Penn Plaza  
New York, NY 10001  
Phone: (212) 279-3232 Fax: (212) 629-0749**

**Alvin Konigsberg  
President**

August 19, 1999

Florida Department of State  
Annual Reports Filings Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

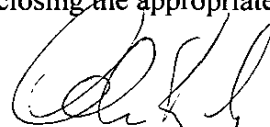
656410  
609431-90000-25

Dear Sirs:

Enclosed please find our 1999 Profit Corporation Annual Report.

These forms were forwarded to us by our attorney, Mr. Fred Glickman, on January 20, 1999.  
They were never received and lost in the mail.

We are therefore filing them at this time, and enclosing the appropriate fee of \$150.00

  
Very truly yours,

ASK:wp