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

SIGNATURE:

Mar 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 670174 JACOB BECKEL DRUGS, INC. Principal Place of Business Mailing Address 615 S WARE BLVD 615 S WARE BLVD **TAMPA FL 33619 TAMPA FL 33619** DO NOT WRITE IN THIS SPACE 211 US 3. Date Incorporated or Qualified 05/14/1980 2. Principal Place of Business 2a. Mailing Address Applied For 6206 Benjamin 6206 BCHZMIN Rd Not Applicable 59-1984207 \$8.75 Additional 5. Certificate of Status Desired # 314 Fee Required City & State City & Stato 8. Election Campaign Financing \$5.00 May Be TAMPA Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible USA 25 USA Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BECKEL, JACOB 815 S WARE BLVD O. Box Number is Not Acceptable) TAMPA-FL-33619 BENJOMIN RA 83 us 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the Statutof Funda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obtaining of Section 607.0505, Florida Statutes. SIGNATUR (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TiTU NAME BECKEL, JACOB 1.2 NAME 6206 Benjamii ld 615 S WARE BLVD STREE! ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP 2.1 TITLE Change Addition NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY+ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP DELETE Change Addition 4 1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-SI-ZIP 5.4 CITY-S1-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby contify 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 suppliemental 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 of the received or those or those or the received or those or those or the received or those or those or those or those or those or the received or those or those or the received or those or the received or those or the received or this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607, Florida Statutes, and that my name appears in Block 13 if chapter 607, Florida Statutes, and that my name appears in Block 13 if chapter 607, Florida Statutes, and that my name appears in Block 13 if chapter 607, Florida Statutes, and the received or the rec

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