

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 678643 (8)
1. Corporation Name
S & J DRUGS, INC.



Principal Place of Business	Mailing Address
1591 S. UNIVERSITY DR PLANTATION FL 33324	1591 S. UNIVERSITY DR PLANTATION FL 33324

3. Date Incorporated or Qualified 07/16/1980	3a. Date of Last Report 05/16/1995
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2017187		Applied For	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Zip	10. Name and Address of New Registered Agent			
		30	Country				

SCHWARTZ, STEVEN M.
14510 SW 21 ST
DAV FL 33325

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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) _____ Date: _____ Registered Agent signature required when form is filed

[24]

12.	OFFICERS AND DIRECTORS	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, STEPHEN M.	
STREET ADDRESS	14510 S.W. 21ST ST.	
CITY - ST. ZIP	DAVE FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

3.4 CITY ST-ZIP ☐ Change ☐ Addition

4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST- ZIP ☐ Change ☐ Addition

6.1 TITLE _____

6.2 NAME _____

6.3 STREET ADDRESS _____

6.4 CITY - ST - ZIP _____

I, the undersigned, declare that the information stated in Section 119.07(3)(k), Florida Statutes, is further

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 115.03(4), F.S. I also 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

4-30 96 954 4752424
Date: Daytime Phone #

0.30

Deputy Prime Minister

CR2E034 (12/95)