

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

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **850286** (6)

1. Corporation Name
SHOPPERS DRUG MART INC.

Principal Place of Business
**2 BLUE HILL PLZ POB 1588
PEARL RIVER NY 10965-5588**

Mailing Address
**2 BLUE HILL PLZ POB 1588
PEARL RIVER NY 10965-5588**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/04/1981

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 22-2365137	Applied For <input type="checkbox"/> Not Applicable
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 Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, MICHAEL	1.2 NAME	
STREET ADDRESS	2 BLUE HILL PLZ	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEARL RIVER NY	1.4 CITY-ST-ZIP	
TITLE	VPT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, RICHARD L.	2.2 NAME	
STREET ADDRESS	1233 HARDEE'S BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKY MOUNT NC	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, RICHARD L.	3.2 NAME	
STREET ADDRESS	1233 HARDEE'S BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKY MOUNT NC	3.4 CITY-ST-ZIP	
TITLE	VPS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGLIACCIO, ROBERT	4.2 NAME	
STREET ADDRESS	2 BLUE HILL PLZ	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEARL RIVER NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGLIACCIO, ROBERT	5.2 NAME	
STREET ADDRESS	2 BLUE HILL PLZ	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEARL RIVER NY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:



MICHAEL COLLINS

02/17/98

(914) 735-1600

CR2E034 (10/97)