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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

MET DISCOUNT DRUGS, INC., OF LAKELAND HILLS

FILED May 20 1998 8:00am Secretary of State

| Principal Place of Business PO BOX 560969 MIAMI FL 33256 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/27/1981 2. Principal Place of Business 2a. Mailing Address 25 3. Date Incorporated or Qualified 04/27/1981 4. FEI Number 39-2102615 Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 27 City & State 28 Zip Country Zip Country Zip Country Zip Country Zip Country Applied For Suite, Apt. #, etc. Election Campaign Financing Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Added to Fees Trust Fund Contribution owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9, Name and Address of Current Registered Agent GOLDBERG, HARRIS |
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| MIAMI FL 33256 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/27/1981 2. Principal Place of Business 2a. Mailing Address 4, FEI Number 59-2102615 Not Applied For Not Applied For Not Applicable Suffe, Apt. #, etc. 5, Certificate of Status Desired Fee Required City & State City & State City & State City & State 28 Country Zip Country Zip Country Zip Country Zip Country Added to Fees Zip Personal Property Tax due June 30. Yes No Notes and Address of New Registered Agent Notes Applied For Not Applie |
| US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/27/1981 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. Date Incorporated or Qualified 04/27/1981 Applied For Not Applicable 5. Certificate of Status Desired Fee Required 5. Certificate of Status Desired Fee Required Fee Required 7. Trust Fund Contribution Added to Fees 7. Trust Fund Contribution Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent |
| 3. Date Incorporated or Qualified 04/27/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2 102615 Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Applied For Not Applied For See Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Personal Property Tax due June 30. Yes No See Name and Address of Current Registered Agent |
| 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Mailing Address 4. FEI Number 59-2102615 Not Applied For Not Applicable 59-2102615 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required City & State City & State City & State City & State Country Country Tip Country Ti |
| 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Applied For Suite, Apt. #, etc. 2c. Suite, Apt. #, |
| Suite, Apt. #, etc. 22 |
| Suite, Apt. #, etc. 22 |
| City & State Trust Fund Contribution Added to Fees Trust Fund Contribution |
| City & State Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent |
| Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent |
| 24 25 29 30 Personal Property Tax due June 30. Yes No 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent |
| 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent |
| |
| GULDERG, MARRIO |
| |
| 4969 HWY 98N LAKELAND FL 33809 Street Address (P.O. Box Number is Not Acceptable) |
| EAKELAND FL 33609 |
| |
| 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. |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |
| SIGNATURE Signature, typod or printed name of registered agend and title diagraphsable (NOTL Registered Agent signature required when reinstating) DATE DATE |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE P DELETE 1.1 TITLE Delate Addition |
| NAME GOLDBERG, HARRIS 1.2 NAME |
| STREET ADDRESS 4969 HWY 98N. 1.3 STREET ADDRESS |
| CITY-ST-ZIP LAKELAND FL 1.4 CITY-ST-ZIP |
| TIFLE DELETE 2.17ITLE Change Addition |
| NAME 2.2 NAME |
| STREET ADDRESS 2.3 STREET ADDRESS |
| CITY-ST-ZIP 2 4 CITY-ST-ZIP |
| TITLE DELETE 31 TITLE Change Addition |
| NAME 3.2 NAME |
| STREET ADDRESS 3.3 STREET ADDRESS |
| CITY-ST-ZIP 3.4. CITY-ST-ZIP |
| TITLE DELETE 4.1 TITLE Change Addition |
| NAME 4.2 NAME |
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| CITY-ST-ZIP 4.4 CITY-ST-ZIP |
| TITLE DELETE 5.1 TITLE Change Addition |
| NAME 5.2 NAME |
| STREET ADDRESS 5.3 STREET ADDRESS |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP |
| TITLE DELETE 6.1 TITLE Change Addition |
| NAME : 6.2 NAME |
| STREET ADDRESS 6.3 STREET ADDRESS |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP |

14. Thereby 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 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 or the receiver or trusted empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.