

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

**FILED**  
**Apr 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # F95000004552 (4)**  
 1. Corporation Name  
**JUSTICE REXALL DRUG STORE INC.**



Principal Place of Business  
**406 S MEDICAL PARK DR  
 ATMORE AL 36502**

Mailing Address  
**406 S MEDICAL PARK DR  
 ATMORE AL 36502-3016**

3. Date Incorporated or Qualified **09/19/1995**      3a. Date of Last Report **02/26/1996**

4. FEI Number **63-0570478**      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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      28 Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**JUSTICE, JAMES C  
 5714 4ST S  
 ST PETERSBURG FL 33705**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

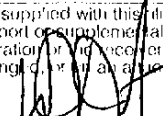
12. OFFICERS AND DIRECTORS

TITLE	<b>DCP</b>	<input type="checkbox"/> DELETE
NAME	<b>JUSTICE, W. J.</b>	
STREET ADDRESS	<b>406 S MEDICAL PARK DR</b>	
CITY-ST-ZIP	<b>ATMORE AL 36502</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>JUSTICE, JAMES C</b>	
STREET ADDRESS	<b>406 S MEDICAL PARK DR</b>	
CITY-ST-ZIP	<b>ATMORE AL 36502</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>JUSTICE, PATSY G</b>	
STREET ADDRESS	<b>406 S MEDICAL PARK DR</b>	
CITY-ST-ZIP	<b>ATMORE AL 36502</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 do 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 incorporator 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 in an appointment with an address.

SIGNATURE:  **W J Justice**      4-18-97      334-368-3181

CF2E034 (9/96)