

Sep 19 1997 8:00am  
Secretary of State

1. Corporation Name  
**APOTHECARY OF THE PALM BEACHES, INC.**

3. Date Incorporated or Qualified <b>06/10/1996</b>	3a. Date of Last Report
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	429 Belvedere Road	26	712 U.S. Hwy 1	88-0350523		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27	Suite 400	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199 032.		Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	West Palm Beach, FL	28	North Palm Bea., FL				
Zip		Zip					
Country		Country					
24	33405	29	33408				
25	U.S.A.	30	U.S.A.				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>KUNZ, RICHARD O</b> <b>429 BELVEDERE ROAD</b> <b>WEST PALM BEACH FL 33405</b>		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 607.1508, 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 reinstalling)

DATE \_\_\_\_\_

[illegible]

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 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:**

**RICHARD O. KUNZ, Pres. 561- 833-0891**

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_