

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Dorinda B. Morhart
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
AND
FILED

DOCUMENT # **H70055** (9)

55 MAY -1 PM 11:23

TEQUESTA PHARMACY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: **395A TEQUESTA DR. TEQUESTA FL 33469**
Mailing Address: **395A TEQUESTA DR. TEQUESTA FL 33469**

3. Date of Incorporation: **08/07/1985**
3a. Date of Report: **03/08/1994**
4. FPI Number: **59-2560858**
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 enterprise tax under § 199.04: **Yes** **No**

2. Mailing Address: **395A TEQUESTA DR. TEQUESTA FL 33469**
2a. Mailing Address: **395A TEQUESTA DR. TEQUESTA FL 33469**
22. Mailing Address: **395A TEQUESTA DR. TEQUESTA FL 33469**
23. Mailing Address: **395A TEQUESTA DR. TEQUESTA FL 33469**
24. Mailing Address: **395A TEQUESTA DR. TEQUESTA FL 33469**

9. Name and Address of Current Registered Agent

**SAVEL, ROBERT P.
395A TEQUESTA DRIVE
TEQUESTA FL 33469**

10. Name and Address of New Registered Agent

B1 Name: _____
B2 Street Address (City, State, Zip, P.O. Box Number is Not Applicable): _____
B3 _____
B4 City: _____ State: **FL** B5 Zip: _____

11. I, the undersigned, the president of the corporation, certify that the corporation complies with the provisions of the Florida Statutes that govern the filing of this report and that the corporation has not been dissolved, liquidated, or otherwise ceased to exist under the laws of the State of Florida. I am a resident of the State of Florida and I am the registered agent of the corporation.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS (List Name, Title, and Address)

NAME	TITLE	ADDRESS
ST SAVEL, ROSALEE J 395A TEQUESTA DRIVE TEQUESTA FL		
P SAVEL, ROBERT P. 395A TEQUESTA DRIVE TEQUESTA FL		

14. I, the undersigned, certify that the information supplied with this filing is complete, true and correct and that the corporation has not been dissolved, liquidated, or otherwise ceased to exist under the laws of the State of Florida. I am a resident of the State of Florida and I am the registered agent of the corporation.

SIGNATURE: *Robert P. Savel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR OFFICER OR DIRECTOR
ROBERT P. SAVEL

4/28/95 746-7471