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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # H70055

TEQUESTA PHARMACY, INC.

Principal	Place	of	Business

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Mailing Address

### FILED

## Jan 22, 1999 8:00am Secretary of State

01-22-1999 90031 004 \*\*\*150.00



Sulte, Apt. #, etc.    Sulte, Apt. #, etc.   Sulte, Apt. #, etc.			-					
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   59-2560858   Not Applicable   N								
Principal Place of Business   2a. Mailing Address   A. FEE Invalence   Applied For   Not Applicable	IEGOLOTA TE		reases in the series			DO NOT WRIT	E IN THIS SPACE	
Applied For						3. Date Incorporated or Qualifed		
Solite, Apt. #, etc.						08/07/1985		
Suite, Apt. #, etc.   S. Cartificate of Status Desired   Fee Required   St. No. Company   St. No. Company Financing   St. No. Own yet   Added to Fees   Added to Fees   Trust Fund Contribution   Added to Fees   Added to Fees   St. Own yet   St. No. Company Financing   St. No. Company Financi	2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Арг	olied For
City & State   City & Country   City &	21	26			59-2560858			
City & State 23	Suite, Apt.	#, etc.	— · · · ·			5. Certifcate of Status Desired	•	
Zig		e				6. Election Campaign Financing	<u>\$5.00</u>	Mav Be
Zip   Country   Zip   Country   Sip   This corporation owes the current year intangible   Personal Property Tax.   Yes   No	23		28				1	
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  SAVEL, ROBERT P. 385A TEQUESTA FL 33469  83  84 City  64 City  65 Expectations of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, in familiar with, and accept the obligations of, Section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, in familiar with, and accept the obligations of, Section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, from the florida submit as the submit		Country	Zip	Country		8. This corporation owes the curre	ent year Intangible	-,
SAVEL, ROBERT P. 39SA TEQUESTA DRIVE TEQUESTA FL 33469  82   Street Address (P.O. Box Number is Not Acceptable)  83   Survey and Composition of Sections 607.0502 and 607.1508, Florida Statutes, the above—named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE ST	24	25	29 30	0		Personal Property Tax.		
SAVEL, ROBERT P. 395A TEQUESTA DRIVE TEQUESTA FL 33469  82 Street Address (P.O. Box Number is Not Acceptable)  83 STREET ADDRESS  84 City  85 City  86 City  87 City  88 City	,=-1	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered Agent	
395A TEQUESTA PRIVE TEQUESTA FL 33469  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 of office or registered agent, or both, in the Stele of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE SIGNATURE SIGNATURE STREET ADDRESS 395A TEQUESTA DRIVE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. CITY ST. ZIP  15. SAVEL, ROSALEE J 15. TITLE 15. STREET ADDRESS 15. SAVEL, ROSALEE J 15. TITLE 15. STREET ADDRESS 15. SAVEL, ROSALEE J 15. TITLE 15. STREET ADDRESS 15. SAVEL, ROBERT P. 15. STREET ADDRESS 15. SAVEL SAVE				81	Name			
395A TEQUESTA DRIVE TEQUESTA FL 33469  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. Ite analyses of fice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, a membrane agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if application.  (NOTE: Registered Agent agreeture required when refrestrating)  OATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  ST NAME  SAVEL, ROSALEE J  STREET ADDRESS  395A TEQUESTA FL  DELETE  11 ACITY-ST-ZIP  TITLE  P  Change Addition  Addition  SAVEL, ROBERT P.  22 NAME  STREET ADDRESS  TEQUESTA FL  DELETE  31 TITLE  22 NAME  33 STREET ADDRESS  TEQUESTA FL  DELETE  31 TITLE  Addition  Change Addition  Change Addition  Addition  Change Addition  Change Addition  Addition  Change Addition  Change Addition  Addition  Addition  Change Addition  Addition  Change Addition  Addition  AND  STREET ADDRESS  TEQUESTA FL  DELETE  31 TITLE  Change Addition  Change Addition  Change Addition  Addition  Addition  Addition  Change Addition  Addition  Addition  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITION	SAV	el, robert p.		92	Stroot Ada	trace (P.O. Boy Number is Not Accepts	hle)	
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The content of 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 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 and accept the obligations of, Section 607.0505, Florida Statutes.    Signature							(aa) <del>2</del> ; c	
righter agent, a mailiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SAVEL, ROSALEE J  SIGNATURE  SAVEL, ROSALEE J  SIGNATURE  SAVEL, ROSALEE J  SIGNATURE  SAVEL, ROSERT P.  SIGNATURE  SIGNATURE  SAVEL, ROSERT P.  SIGNATURE  SIGNATURE  SAVEL, ROSERT P.  SAV				84	City	·	FI   85   ZIP C	,ode
Signature. Typed or printed name of registered agent and title if applicable.   NOTE: Registered Agent signature required when reinstating)   DATE	office or r agent. I a	registered agent, or both, in the State	of Florida. Such change was auth	norized by	the corporat	poration submits this statement for the point in the point is board of directors. I hereby accept	ourpose of changing its to the appointment as reg	registered jistered
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STREET ADDRESS 4.3 STREET ADDRESS	NAME			4. 2 NAME				
	•							
	CITY-ST-ZIP	<u> </u>						

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, with all other like empowered.

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

DELETE

DELETE

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 746 Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition

CR2E034 (11/98)