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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # H76604 (8)

1. Corporation Name
GREENE'S DRUG STORE, INC.

Principal Place of Business	Mailing Address
% THOMAS C. GREENE 325 CLEMATIS STREET W. PALM BEACH FL 33401	% THOMAS C. GREENE 325 CLEMATIS STREET W. PALM BEACH FL 33401-4603

3. Date Incorporated or Qualified: 09/18/1985
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 59-2580455 ☐ 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

9. Name and Address of Current Registered Agent

GREENE, THOMAS C.
325 CLEMATIS STREET
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Jonathan A Steiner
82 Street Address (P.O. Box Number is Not Acceptable): 325 Clematis St.
83
84 City: West Palm Beach FL 85 Zip Code: 33401

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] 3/13/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT	☒ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	GREENE, THOMAS C.		1.2 NAME
STREET ADDRESS	325 CLEMATIS		1.3 STREET ADDRESS
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-ST-ZIP
TITLE	DVS	☒ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	CARL, JAMES R.		2.2 NAME
STREET ADDRESS	1130 N. GOLFVIEW		2.3 STREET ADDRESS
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP
TITLE	V.P./Managing Gen. Partner	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	Jonathan A. Steiner		3.2 NAME
STREET ADDRESS	2284 Alford Way		3.3 STREET ADDRESS
CITY-ST-ZIP	West Palm Bch. Fl.		3.4 CITY-ST-ZIP
TITLE	Secretary	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	Henry Handler Esq.		4.2 NAME
STREET ADDRESS	6935 Costa Circle		4.3 STREET ADDRESS
CITY-ST-ZIP	Boca Raton, Fl.		4.4 CITY-ST-ZIP
TITLE	President	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	Thomas Lynch		5.2 NAME
STREET ADDRESS	801 Palm Trail		5.3 STREET ADDRESS
CITY-ST-ZIP	Delray Beach, Fl.		5.4 CITY-ST-ZIP
TITLE	Treasurer	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	Gerald Robinson		6.2 NAME
STREET ADDRESS	7187 Mandarin Dr.		6.3 STREET ADDRESS
CITY-ST-ZIP	Boca Raton, Fl.		6.4 CITY-ST-ZIP

CR2E034 (9/96)

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: Jonathan A Steiner V.P./Managing Gen. Partner [signature] 3/13/97 561-832-7151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0296135