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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **J65835** (7)
1. Corporation Name
TREASURE COAST THIS END UP, INC.



Principal Place of Business: **1309 EXCHANGE ALLEY RICHMOND VA 23219**
Mailing Address: **1309 EXCHANGE ALLEY RICHMOND VA 23219-4130**

3. Date Incorporated or Qualified: **04/07/1987**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **54-1412962**
5. Certificate of Status: **07/03/97** \$8.75 Additional Fee Applied
6. Election Campaign Financing: **Trust Fund Contribution** \$5.00 May Appl Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21. **One cvs Dr**
22. Suite, Apt. #, etc.
23. **Woonsocket RI**
24. **02895** 25. Country
26. **One cvs Dr**
27. Suite, Apt. #, etc.
28. **Woonsocket RI**
29. **02895** 30. Country

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name: **CT Corporation**
82. Street Address (P.O. Box Number is Not Acceptable): **1200 South Pine Island Rd**
83. City: **Plantation** 84. State: **FL** 85. Zip Code: **33324**

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 607.0503, Florida Statutes.
SIGNATURE: *Mark Hennessey* **MARK HENNESSEY** **ASSISTANT SECRETARY** DATE: **4-17-97**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDS, ARTHUR V.	
STREET ADDRESS	ONE THEALL ROAD	
CITY-ST-ZIP	RYE NY	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	KEMENY, ROBERT	
STREET ADDRESS	1309 EXCHANGE ALLEY	
CITY-ST-ZIP	RICHMOND VA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, JEFFREY L.	
STREET ADDRESS	1309 EXCHANGE ALLEY	
CITY-ST-ZIP	RICHMOND VA	
TITLE		<input checked="" 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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Zenon P. Lankowsky	
1.3 STREET ADDRESS	one cvs Dr	
1.4 CITY-ST-ZIP	Woonsocket RI 02895	
2.1 TITLE	V.P. + Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Diane McManagle-Glass	
2.3 STREET ADDRESS	One cvs Dr	
2.4 CITY-ST-ZIP	Woonsocket RI 02895	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Philip C. Galbo	
3.3 STREET ADDRESS	one cvs Dr	
3.4 CITY-ST-ZIP	Woonsocket RI 02895	
4.1 TITLE	ASST. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jill M. Goddard	
4.3 STREET ADDRESS	one cvs Dr	
4.4 CITY-ST-ZIP	Woonsocket RI 02895	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Thomas M. Ryan	
5.3 STREET ADDRESS	one cvs Dr	
5.4 CITY-ST-ZIP	Woonsocket RI 02895	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

A. Alan 7/2/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *William M. Goddard* **William M. Goddard** **41797** **401-765-180**

CR2E034 (9/96)