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

PROFIT CORPORATION ANNUAL REPORT



F. ORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

J84762

(0)

GARDENS PRESCRIPTION SHOPPE, INC.									
Principal Place of Business Mading Address									
3365 BURNS Palm Beach	ROAD I GARDENS FL 33410	3365 BURNS ROAD PALM BEACH GARD	ENS FL 334	0					
						3. Date Incorporated or Qualified 07/29/1987		of Last Re 6/15/199	
2. Principal Pla	ice of Business	2a. Mailing Address							Applied For
1		26			59-2834116				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
City & State		City 8 State			6. Election Campaign Financing \$5.00 May Be				
IS City & State		28				Trust Fund Contribution	Added to Fees		
Ζip	Country	Zip	Cor	ıntry		8. This corporation has liability for	intangible t	ax under s	199.032
4	25	29	30				□ No		
	g, Name and Address of Curren	t Registered Agent		L,		10. Name and Address of New F	Registered	Agent	
				81	Name				
VENOFF, FREDERICK J.				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
	JRNS ROAD								
Palm B	EACH GARDENS FL 33410			83					
				84	City		FL	85 Zu	p Code
or registere familiar wit SIGNATURE	ed agent, or both, in the State of Florinh, and accept the obligations of, Sect	da, Such change was autho iori 607.0505, Florida Statut	rized by the es	corp	ioration s doai	ation submits this statement for the purific of directors. I hereby accept the app	DATE	. registereo	ragent rain:
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	PSD	DELETE	1 1	1 1 ToTLE				Change	Addition
NAME	VENOFF, FREDERICK J.		121	IAME					
STREET ADDRESS	3365 BURNS ROAD		133	STREET	LADORESS				
CITY - ST - ZIP		PALM BEACH GRONS FL		1 4 City - St - ZiP				Chargo	Addition
TITLE		ST DELETE		2 1 TITLE 2 2 NAME				Change	☐ waguo.i
NAME	VENOFF, IRENE								
STREET ADDRESS	3365 BURNS ROAD				I ADDRESS				
CITY - ST - ZIP	PALM BEACH GRONS FL	DELETE		2.4 C(1Y - ST - Z(F) 3. 1 1(TLF)				Change	Add-tion
NAME	Ì			NAME				_ •	
STREET ADDRESS					r ADDRESS				
City-ST-ZIP			- 1		ST - 21P				
TITLE		DELETE		TITLE				Change	Addit-on
NAME			42	MAME					
STREET ADDRESS			4.3	STHEE	LADDRESS				
CITY-ST-ZIP			4 4	CITY -	S! - ZiP				
TITLE		☐ DELETE	5 1	THLE				Change	Addition
NAME			5.2	NAME					
STREET ADDRESS			53	STREE	T ADDRESS				
CITY-ST-ZIP					ST-ZIP			(T) (b)	T Addition
TITLE		DELETE		TITLE	ĺ			Change	Addition
NAME				NAM:					
STREET ADDRESS			6.3	STREE	T ADDRESS				
					ST-ZIP				

4. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 115.07(3)(b). Florida Statutes. Fluring 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

ENERGED OF ALL ALL PROPERTY VEN OFF

5/22/96 be/694797

CR2E034 (12/95)