

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P03213 (6)**

1. Corporation Name
Drugs For Less, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business 21 1925 Enterprise Parkway Suite, Apt. #, etc. 22 City & State 23 Twinsburg, Ohio Zip Country 24 44087 25		2a. Mailing Address 26 1925 Enterprise Parkway Suite, Apt. #, etc. 27 City & State 28 Twinsburg, Ohio Zip Country 29 44087 30		3. Date Incorporated or Qualified 8/30/84	3a. Date of Last Report 4/20/96
		4. FEI Number 63-0880314		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			

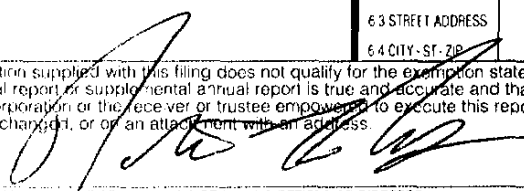
9. Name and Address of Current Registered Agent CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. 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 (Type and print 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 C NAME Bruno, Anthony J. STREET ADDRESS CITY, ST, ZIP ☒ DELETE	1.1 TITLE President / Director 1.2 NAME D. Dwayne Hoven 1.3 STREET ADDRESS 162 Deerfield Court 1.4 CITY - ST - ZIP Aurora, OH 44202 ☐ Change ☒ Addition	☐ Change ☒ Addition	
TITLE P NAME Jones, Arthur M. Sr. STREET ADDRESS CITY, ST, ZIP ☒ DELETE	2.1 TITLE Treasurer 2.2 NAME Brian P. Carney 2.3 STREET ADDRESS 19708 Kensington Court 2.4 CITY - ST - ZIP Strongsville, OH 44136 ☐ Change ☒ Addition	☐ Change ☒ Addition	
TITLE VFT NAME Tort orice, Michael J. STREET ADDRESS CITY, ST, ZIP ☒ DELETE	3.1 TITLE Vice President 3.2 NAME Robert T. Raaf 3.3 STREET ADDRESS 2273 Wallington Circle 3.4 CITY - ST - ZIP Hudson, OH 44236 ☐ Change ☒ Addition	☐ Change ☒ Addition	
TITLE ☐ DELETE	4.1 TITLE Secretary / Director 4.2 NAME Jack A. Staph 4.3 STREET ADDRESS 2628 Kerwick Road 4.4 CITY - ST - ZIP University Heights, OH 44118 ☐ Change ☒ Addition	☐ Change ☒ Addition	
TITLE ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP ☐ Change ☐ Addition	☐ Change ☐ Addition	
TITLE ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP ☐ Change ☐ Addition	☐ Change ☐ Addition	

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:  **4/29/97 (216) 425-9811**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)