

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 26 1996 8:00 am
Secretary of State

DOCUMENT # P93000036872 (8)

1. Corporation Name
PHARMAX, INC.

Principal Place of Business

1940 HARRISON STREET
SUITE 101
HOLLYWOOD FL 33020

Mailing Address

1940 HARRISON STREET
SUITE 101
HOLLYWOOD FL 33020



2. Principal Place of Business
21 3250 N 29 Avenue
Suite, Apt. #, etc.
22
City & State
23 Hollywood FL
Zip
24 33020
Country
25 Broward
26 3250 N 29 Avenue
Suite, Apt. #, etc.
27
City & State
28 Hollywood FL
Zip
29 33020
Country
30 Broward
g. Name and Address of Current Registered Agent

KUSHER, ROBERT
11101 MINNEAPOLIS DRIVE
COOPER CITY FL 33020
3250 N 29 Avenue
Hollywood, FL
33020

3. Date Incorporated or Qualified
05/20/1993
3a. Date of Last Report
02/01/1995
4. FEI Number
65-0417677
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
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

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
KUSHER, ROBERT
1940 HARRISON STREET, SUITE 101
HOLLYWOOD FL 33020
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
LOWY, CRAIG
1940 HARRISON STREET, SUITE 101
HOLLYWOOD FL 33020
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change
Addition
3250 N 29 Avenue
Hollywood, FL 33020
Change
Addition
3250 N 29 Avenue
Hollywood, FL 33020
Change
Addition
Change
Addition
Change
Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT
KUSHER

2/7/96 954-925-9085

Date

Daytime Phone #

CR2E034 (12/95)