

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90006 046 ***150.00

DOCUMENT # P94000042020

1. Corporation Name

SUPER PHARMACY NETWORK, INC.

Principal Place of Business

P O BOX 6165
HARRISBURG PA 17015
US

Mailing Address

P O BOX 3165
HARRISBURG PA 17015
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1994

4. FEI Number

59-3252055

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
% C T CORPORATION SYSTEMS INC.
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME KEBLER, CHARLES
STREET ADDRESS 30 HUNTER HILL
CITY-STATE-ZIP CAMP HILL PA 17011

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☒ Change

☐ Addition

Kibler, Charles

TITLE VD
NAME BERGONZI, FRANK
STREET ADDRESS 30 HUNTER LANE
CITY-STATE-ZIP CAMP HILL PA 17011

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE VT
NAME SPEAKER, JOSEPH
STREET ADDRESS 30 HUNTER LANE
CITY-STATE-ZIP CAMP HILL FL 17011

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☒ Change

☐ Addition

Camp Hill PA 17011

TITLE VS
NAME GELMAN, I LAWRENCE
STREET ADDRESS 30 HUNTER LANE
CITY-STATE-ZIP CAMP HILL PA 17011

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE D
NAME BROWN, FRANKLIN
STREET ADDRESS 30 HUNTER LANE
CITY-STATE-ZIP CAMP HILL PA 17011

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE D
NAME GERSON, ELLIOT S
STREET ADDRESS 30 HUNTER LANE
CITY-STATE-ZIP CAMP HILL PA 17011

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

14. I 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, with a letter like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Bergonzi 4-23-99 (717) 761-2633

Date

Daytime Phone #

CR2E034 (1/98)