

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 3:10

DOCUMENT # P94000058979 (3)

1. Corporation Name

PALM BEACH APOTHECARIAL ENTERPRISES, INC.

Principal Place of Business

336 SPYGLASS WAY
JUPITER FL 33477

Mailing Address

336 SPYGLASS WAY
JUPITER FL 33477

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/05/1994

3a. Date of Last Report

2. Principal Place of Business

21 1000 OLO S. Dixie HWY.

2a. Mailing Address

26 1000 OLO S. Dixie HWY

4. FFI Number

65-0518749

Applied For

Not Applicable

Suite, Apt. #, etc.

22 #R5

Suite, Apt. #, etc.

27 #R-5

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 JUPITER, FL

City & State

28 JUPITER, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 33458

Country

25 USA

Zip

29 33458

Country

30 USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BEDEN, JASON
336 SPYGLASS WAY
JUPITER FL 33477

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 the corporation

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BEDEN, JASON
STREET ADDRESS 336 SPYGLASS WAY
CITY-ST-ZIP JUPITER FL 33477

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

☐ Change ☐ Addition

TITLE D
NAME ~~JASON BEDEN~~
STREET ADDRESS ~~336 SPYGLASS WAY~~
CITY-ST-ZIP ~~JUPITER FL 33477~~

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

☐ Change ☐ Addition

TITLE D
NAME CHERNOW, RONALD
STREET ADDRESS 105 QUAYSIDE DRIVE
CITY-ST-ZIP JUPITER, FL 33477

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ 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 110.07(3)(b), Florida Statutes. I further certify 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:

JASON N. BEDEN Pres
JASON N. BEDEN Pres

1/28/95

Date

407-746-7499

System Fee