FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000066956 (1)**

1. Corporation Name

PHARMCARE INTEGRATED SERVICES, INC.

Principal Place of Business	Mailing Address
360 S TAMIAMI TR NOKOMIS FL 34275	360 S TAMIAMI TR NOKOMIS FL 34275

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1994	3a. Date of Last Report:
4. FEI Number: 65-0524231	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

KUTZKO, JOHN
360 S TAMIAMI TR
NOKOMIS FL 34275

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: _____ (Name of Registered Agent or Authorized Representative) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☐ Change ☐ Addition
12 NAME	KUTZKO, JOHN	12 NAME	
13 STREET ADDRESS	360 S TAMIAMI TR	13 STREET ADDRESS	
14 CITY ST ZIP	NOKOMIS FL 34275	14 CITY ST ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	WINGATE, LINDA	22 NAME	
23 STREET ADDRESS	360 S TAMIAMI TR	23 STREET ADDRESS	
24 CITY ST ZIP	NOKOMIS FL 34275	24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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)(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: X _____ **DIRECTOR** **4/28/95** **(813) 484-4842**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

LINDA WINGATE

0350190 CP

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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # P94000067230 (0)

1. Corporate Name

SARASOTA SQUARE FOOTACTION, INC. #330

Principal Place of Business	Mailing Address
~~C/O MELVILLE CORPORATION~~	~~C/O MELVILLE CORPORATION~~
~~ONE THEALL~~ RD	~~ONE THEALL~~ RD.
~~RYE NY 10580~~	~~RYE NY 10580~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/13/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8201 S. TAMIAMI TRAIL	26 3940 PIPESTONE RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SARASOTA, FL	City & State 28 DALLAS, TX
Zip 24 34238 / Country 25	Zip 29 75212 / Country 30

4. FEI Number: 65-0526908 ☐ 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	10. Name and Address of New Registered Agent
UNITED STATES CORPORATION COMPANY	81 Name
1201 HAYS ST.	82 Street Address (P.O. Box Number is Not Acceptable)
SUITE 105	83
TALLAHASSEE FL 32301	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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE (SEE ATTACHED)	1) TITLE ☐ Change ☐ Addition
NAME	1) NAME
STREET ADDRESS	1) STREET ADDRESS
CITY-ST-ZIP	1) CITY-ST-ZIP
TITLE	2) TITLE ☐ Change ☐ Addition
NAME	2) NAME
STREET ADDRESS	2) STREET ADDRESS
CITY-ST-ZIP	2) CITY-ST-ZIP
TITLE	3) TITLE ☐ Change ☐ Addition
NAME	3) NAME
STREET ADDRESS	3) STREET ADDRESS
CITY-ST-ZIP	3) CITY-ST-ZIP
TITLE	4) TITLE ☐ Change ☐ Addition
NAME	4) NAME
STREET ADDRESS	4) STREET ADDRESS
CITY-ST-ZIP	4) CITY-ST-ZIP
TITLE	5) TITLE ☐ Change ☐ Addition
NAME	5) NAME
STREET ADDRESS	5) STREET ADDRESS
CITY-ST-ZIP	5) CITY-ST-ZIP
TITLE	6) TITLE ☐ Change ☐ Addition
NAME	6) NAME
STREET ADDRESS	6) STREET ADDRESS
CITY-ST-ZIP	6) CITY-ST-ZIP

14. I 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)(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: [signature] MARK W. MAYER, SECRETARY 3-21-95 214-634-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0001736 CP

P94—67230

FAN CLUB/ OPEN COUNTRY/ FOOTACTION - SUBSIDIARIES

PRESIDENT RALPH T. PARKS 431-80-8728	3940 PIPESTONE RD., DALLAS, TX., 75212 3604 GARDENIA DR., ARLINGTON, TX 76016 (214) 634-7755
SENIOR VICE-PRESIDENT CHARLES M. ALBERT 526-66-5378	3940 PIPESTONE RD., DALLAS, TX., 75212 3607 GARDENIA DR., ARLINGTON, TX 76016 (214) 634-7755
SR VICE-PRESIDENT/ CFO DONALD V. ROACH 112-54-4492	3940 PIPESTONE RD., DALLAS, TX., 75212 2505 TWELVE OAKS LN., COLLEYVILLE, TX 76034 (214) 634-7755
SECRETARY MARK W. MAYER 276-48-9946	3940 PIPESTONE RD., DALLAS, TX., 75212 5401 BIRCH CT., COLLEYVILLE, TX 76034 (214) 634-7755
ASST. SECRETARY MICHAEL A. AVILES 101-54-5867	3940 PIPESTONE RD., DALLAS, TX., 75212 6106 NORTHWOOD RD., DALLAS, TX. 75225 (214) 634-7755
DIRECTORS RALPH T. PARKS 431-80-8728	3940 PIPESTONE RD., DALLAS, TX., 75212 3604 GARDENIA DR., ARLINGTON, TX 76016 (214) 634-7755
DONALD V. ROACH 112-54-4492	3940 PIPESTONE RD., DALLAS, TX., 75212 2505 TWELVE OAKS LN., COLLEYVILLE, TX 76034 (214) 634-7755
JERALD S. POLITZER 214-42-7404	ONE THEALL ROAD, RYE, NY 10580 94 GLENMEADOW DR., NORTHFORD, CT. 06472 (214) 634-7755