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

CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # D05000015001 

Corporation Name	F930000 1926 I	(3)
PREMIER PHARMACY	Y, INC.	

Country

9. Name and Address of Current Registered Agent

25

STE. 300-D, 4800 N. FEDERAL HIGHWAY

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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1889 SOUTHWEST 15TH AVE. **BOYNTON BEACH FL 33426** 

2. Principal Place of Business

UTRECHT, STEVEN T

**BOYNTON BEACH FL 33431** 

Suite, Apt. #, etc.

City & State

21

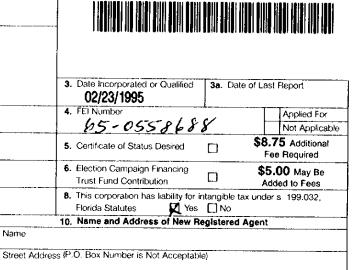
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Zip

1889 SOUTHWEST 15TH AVE. **BOYNTON BEACH FL 33426** 



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes.

Country

81 Name

82

в3 84 City

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	Signature, typed or printed name of registered agent and title if applicat		OTE: Registered Agent signature required v		
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	J 12
ITLE	D	DELETE	1. 1 TITLE	Change	Addition
IAME	Burwen, Robert V Jr.		1.2 NAME		
TREET ADDRESS	731 WHIPPOORWILL ROW		13 STREET ADDRESS		
CHY-SI-ZIP	W. PALM BEACH FL 33411		14 CHY-ST-ZIP		
ITLE	D	DELETE	2 1 TITLE	☐ Change ☐	Addition
IAME	BURWEN, SUSAN W		2 2 NAME		
THEFT ADDRESS	731 WHIPPOORWILL ROW		2.3 STREET ADDRESS		
ITY - ST - ZIP	W. PALM BEACH FL 33411		2 4 CHTY-ST-ZIP		
ITLE		DELETE	3. 1 TITLE	☐ Change ☐	Addition
AME			3.2 NAME	Secret C Secret	
TREEL ADDRESS			3.3 STREET ADDRESS		
11Y - ST - 7IP			3.4 C(1) Y - ST - Z(P		
ITLE		DELETE	4. 1 TITLE	☐ Change ☐	Addition
AME			4.2 NAME		
TREFT ADORESS			4.3 STREET ADDRESS		
ITY-ST-ZIP			4.4 CITY - ST - ZIP		
ITLE		DELETE	5 1 THLE	Change 7	Addition
AME			5.2 NAME		
TREET ADDRESS			5 3 STREET ADDRESS		
ITY-ST-ZIP			5 4 CITY-ST-ZIP		
TLF		DELETE	6 1 TITLE	☐ Change ☐ :	Addition
AME .			6.2 NAME		
THEET ADDRESS			6.3 STREET ADORESS		
ITY-ST-7IP			6 4 CITY - ST - ZIP		

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:

16/96 407-136-3770

CR2E034 (12/95)

Zip Code

85