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**

DOCUMENT # P95000044752

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

22

RX GROUP SERVICES, INC.

Principal Place of Business	Mailing Address
10252 NW 47TH STREET SUNRISE FL 33351 US	10252 NW 47 STREET SUNRISE FL 33351 US

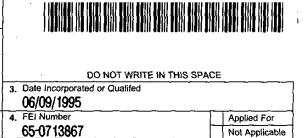
2a. Mailing Address

Suite, Apt. #, etc.

26

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90250 001 ***150.00



Certificate of Status Desired

\$8.75 Additional

Fee Required

City & State City & State \$5.00 May Be **Election Campaign Financing** 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation owes the current year Intangible 25 24 30 □No 29 Personal Property Tax. ☐ Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name NEWMAN, PHIL Street Address (P.O. Box Number is Not Acceptable) 20111 NE 23 COURT **MIAMI FL 33181** 83 Zip Code 84 City

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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) OATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12		
TITLE (D DELETE	1.1 TITLE		Change	☐ Addition		
NAME (RUSE, DONNA	1.2 NAME			İ		
STREET ADDRESS	2168 N.E. 123RD ST.	1.3 STREET ADDRESS					
CITY-ST-ZIP_	NORTH MIAMI FL 33181	1.4 CITY-ST-ZIP	·				
πιε	D □ OELETE	2.1 TITLE		☐ Change	☐ Addition		
NAME	NEWMAN, PHIL	2.2 NAME					
STREET ADDRESS	20111 NE 23 COURT	2.3 STREET ADDRESS	· ·				
CITY-ST-ZIP	MIAM) FL	z. 4 C/TY-ST-ZIP	<u> </u>				
"tmLE"	☐ DELETE	3.1 TITLE		Change	Addition		
NAME		3.2 NAME					
STREET ADDRESS	,	3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-ZIP	<u> </u>				
TITLE	☐ DELETE	4.1 TITLE		☐ Charige	☐ Addition		
NAME (4, 2 NAME			ļ		
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<u> </u>				
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition		
NAME		5.2 NAME			(
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<u></u>		}		
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME		6.2 NAME			Į		
STREET ADDRESS		6.3 STREET ADDRESS			1		
CITY-ST-ZIP		6.4 CITY-ST-ZIP			ſ		

14. I hereby certify that the information supplied with this filling 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 of 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 of 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, of on any attachingent with an address, with all other like empowered.

SIGNATURE: