SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000064117 (1)**

1. Corporation Name
AMERICAN FAMILY PHARMACY, INC.

Principal Place of Business
% MILLER SCHWARTZ & MILLER
4040 AHERIDAN STREET
HOLLYWOOD FL 33021

Mailing Address
% MILLER SCHWARTZ & MILLER
4040 AHERIDAN STREET
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 08/18/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 c/o Duker & Barrett
Suite, Apt. #, etc
22 Barnett Bank Plaza One E. Broward Blvd., Suite 620
City & State
23 Ft. Lauderdale, FL 33301
Zip 24 33301 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0647273 [ ] 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
MILLER, CHARLES
% MILLER SCHWARTZ & MILLER
4040 AHERIDAN STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name: Alex Rosenthal
82 Street Address (P.O. Box Number is Not Acceptable): c/o Duker & Barrett, Barnett Bank Plaza
83 One East Broward Blvd., Suite 620
84 City: Fort Lauderdale FL 85 Zip Code: 33301

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] 7/23/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D [X] DELETE
NAME	FAAS, MELISSA
STREET ADDRESS	42 ROBIN LANE
CITY-ST-ZIP	RENSSELAER NY 12144
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR [X] Change [X] Addition
1.2 NAME	Fischer, Steven N.
1.3 STREET ADDRESS	23 Hills Rd.
1.4 CITY-ST-ZIP	Loudonville, NY 12211
2.1 TITLE	Treasurer [ ] Change [X] Addition
2.2 NAME	Stern, Charles
2.3 STREET ADDRESS	41 Oakwood St.
2.4 CITY-ST-ZIP	Albany, NY 12208
3.1 TITLE	Secretary [ ] Change [X] Addition
3.2 NAME	Faas, Melissa
3.3 STREET ADDRESS	42 Robin Ln
3.4 CITY-ST-ZIP	Rensselaer, NY 12144
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Melissa C. Faas 7/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #