## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000070530 (7)

PLAZA PHARMACY INC.

appears in Block 1

Principal Place 1347 LYONS R COCONUT CRI	OAD	Mailing Address 1347 LYONS ROAD COCONUT CREEK FL 3308	•			
					<ol> <li>Date Incorporated or Qualified 09/13/1995</li> </ol>	3a. Date of Last Report 03/25/1996
2. Principal F	Place of Business	2a. Mailing Address			4, FEI Number 65-0609088	Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	<u> </u>	City & State		<del></del>	6. Election Campaign Financing	Fee Required
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ <b>24</b>	Country   Zip   30			Country  8. This corporation has liability for intaggible tax under s. 199.032, Florida Statutes  DYes No		
24	9, Name and Address of Curi		30		10. Name and Address of New F	
COF	RPORATION SERVICE COMPAI	<b>₹</b> Y	61	Name		-
1201 HAYS STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)		
TAL	LAHASSEE FL 32301-2525		83		**************************************	41-1-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
			84	City		■■ 85 Zip Code
	PERSONAL SECTION OF SECTION SE					FL
11. Pursuant office or i agent. La	to the provisions of Sections 607.0 registered agent, or both, in the Sta an familiar with, and accept the ob-	502 and 607.1508, Florida Statute ite of Florida. Such change was a ligations of Section 607.0505, Flo	ss, the abov authorized b orida Statute	e-named cor y the corpora s.	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered
SIGNATURE	Signature typesis: perfect cause of registered	agent and tite, if applicable (NOTE	: Registered Ag	ent signature requ	uired when re-nstaling)	DATE
12.		ND DIRECTORS	13.	······································		FICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TITLE			☐ Change ☐ Addition
NANTE	SALPETER, JACK		1.2 NAMÉ			
STREET ADDRESS	346 NORTHWEST 87TH TER CORAL SPRINGS FL 33071	RACE		T ADDRESS		
CHY-ST-70P	VP	DELETE	1.4 CITY - S 2.1 TITLE	ST-ZIP		Change Addition
NAME	BEHM, ARTHUR		2.2 NAME			crange Xuulton
STREET ADDRESS	7701 NW 87 AVE			r annonce		
CITY-ST-ZIF	TAMARAL FL 33321		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP			•
TITLE		DELETE	3.1 TITLE		***************************************	Change Addition
NAME		<del></del>	3.2 NAME			
STREET ADDRESS			3.3 STREE	ADDRESS		2.00
CITY-ST-ZIF			3.4. CITY -	ST-ZIP		
TITLE	☐ DELETE		4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	ADDRESS		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		
TITLE		L DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET	ADDRESS		
CHY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	- Distre	5.4 CITY-5	ST - ZIP		[m] (a)
THLE		LJ DELETE	61 TITLE			☐ Change ☐ Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET			
CiTY-S <sup>T</sup> -ZiP	by certify that the information suppl	ind with this fling date not qualif	6.4 CHTY-S		ed in Section 119 07/21/0 Florido State	tes. I further certify that the
informatio	on indicated on this appliance bort of ficer or cirector of transportion	r samplemental armual eport is tr	ue and accered to exe	fate and tha	ed in Section 119.07(3)(i), Florida Statu at my signature shall have the same le ort as required by Onapter 607, Florida	pal effect as if made under oath; that Statutes; and that my name

with an address