

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 SEP 16 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000043773 (6)

1. Corporation Name  
TROPICAL PHARMACY, INC.

Principal Place of Business  
9679 SW 1ST COURT  
CORAL SPRINGS FL 33071

Mailing Address  
9679 SW 1ST COURT  
CORAL SPRINGS FL 33071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 1137 N. FEDERAL Hwy  
Suite, Apt. #, etc.  
22 City & State  
23 Fort Lauderdale, Florida  
Zip Country  
24 33304 25  
2a. Mailing Address  
26 1137 N. Federal Highway  
Suite, Apt. #, etc.  
27 City & State  
28 Fort Lauderdale, Florida  
Zip Country  
29 33304 30

3. Date Incorporated or Qualified 05/22/1996  
3a. Date of Last Report INITIAL  
4. FEI Number 650667947  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FILINGS INC.  
3732 NW 16TH ST  
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name KEN CHASE  
82 Street Address (P.O. Box Number is Not Acceptable)  
1975 E. SUNRISE BLVD. # 629  
83  
84 City FORT LAUDERDALE FL 85 Zip Code 33304

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

7/25/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	GREENHOUSE, CHARLES	9679 SW 1ST COURT	CORAL SPRINGS FL 33071	<input type="checkbox"/>
D	DUBBERLY, STEVEN	5813 HAVERFORD WAY	LAKE WORTH FL 33463	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
D.	200002298632--5	-09/19/97--0114--003	****165.00	****165.00	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing 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

7/25/97

CR2E034 (4/97)

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**TROPICAL PHARMACY INC.**

**1137 NORTH FEDERAL HWY**

**FT. LAUDERDALE, FL 33304**

**Phone: 954-563-3335 Fax: 954-563-4703**

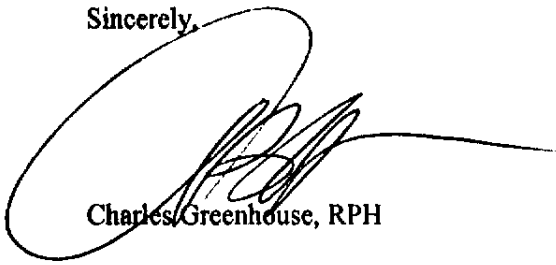
Sandra B. Mortham  
Florida Department of State  
Secretary of State  
Division of Corporations

Dear Ms. Mortham,

Document # P96000043773 (6) was delivered to an incorrect address. The post office did not deliver the original report because of this error. If the original report was delivered to the correct address, the fee of \$165.00 should have been applied. Please note the correct address is:

Tropical Pharmacy  
1137 N. Federal Hwy.  
Ft. Lauderdale, FL 33304

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'C. Greenhouse', with a long horizontal flourish extending to the right.

Charles Greenhouse, RPH