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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 11 1997 8:00am

Secretary of State

561 3619839

Sandra B. Morthem

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000058905 (6)

WITH PHARMACY, INC.

appears in Block 12 or Block 12

SIGNATURE

·	a of Dualmage		Madi	Mailing Address				-{			
	e of Business					1					
1489 W PALMETTO PARK RD Suite 485				1489 W PALMETTO PARK RD SUITE 485							
BOCA RATON	FI 33486			e 465 A RATON FL 33486-	-3327						
	,							3. Date Incorporated or Qualified 07/12/1996	3a. Dat	e of Last R	eport
2. Principal Pl	lace of Busin	ess	2a. N	failing Address				4. FEI Number		Ap	plied For
21			26					65-06875	78	No	t Applicable
Suite, Apt	#. etc.	NATIONAL TRANSPORT STATEMENT AND ADMINISTRATION OF THE PARTY OF THE PA	S	uite, Apt. #, etc.			·	5. Certificate of Status Desired		\$8.75	Additional
22			27					o. Certificate of Status Desired	<u></u>	Fee Re	equired
City & State	е		c	lity & State				6. Election Campaign Financing		\$5.00	
23			28		···· <u>-</u>			Trust Fund Contribution	<u> </u>	Added	
Zip		Country	h	,ib	<u> </u>	Country		8. This corporation has liability for			. 199.032,
24		25 and Address of Cur	29	rod Anoni	30	·····		Florida Statutes 10. Name and Address of New Re	Yes (C	
			I GUT LIGHTSTO	eu Agent		81	Name	10, Name and Address of New Ac	Ripraidn W	Agur	
	NTOR, SAMI					J.,	1401110				
	9 W PALME				82 Street Add		dress (P.O. Box Number is Not Acceptable)				
SUITE 485						83					
BOC	CA RATON	FL 33480									
						84	City		FL	85 Zip	Code
44 Over yout	to the property	oro el Cuettero 207 l	0E02 and 607	1500 Florida Ctot	tuton the	0.0000	named a	ornersting authority this etatement for the		obongino il	n raniatarad
office or r	registered ag	ent, or both, in the St	ate of Florida	Such change was	is author	rized by	the corpo	orporation submits this statement for the paralion's board of directors. I hereby acce	pt the appo	changing it intment as	registered
agent La	ım familiar wil	h, and accept the ob	oligations of, S	Section 607.0505, I	Florida S	Statute	3.				
SIGNATURE	Cinant na Laved	or photod name of registeres	History study tille if c	ronlesse a /No	IOTE Grade		ont elippathing re	equired when reinstating)	DATE	*******	
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TITLE	D			DELETE		1.1 TITLE				Change	Addition
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STREET ADDRESS		PALMETTO PARK I	RD		1	1.3 STREET	ADDRESS				
City-St-ZiP											
	POUV IV	TON FL 33486			. 1	I.4 CITY-S	T-ZIP				
THLE	BUCA KA	(ION FL 33486		DELETE		I.4 CITY-S 2.1 TITLE	T-ZIP		<u> </u>	Change	☐ Addition
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