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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

1998

DIVISION OF CORPORATIONS

FILED Apr 16 1998 8:00am Secretary of State

DOCUMENT # P96000065729 (1) GREENE'S DRUG STORE ACQUISITION GROUP, INC.					
Principal Place of Business Mailing Address					BERNA BINAN BININ IDDNE NIGHA IBRN 1881
•	ROAD #218A	2255 GLADES ROAD #2	18A		
BOCA RATON FL 33431-7383 BOCA RATON FL 33431-7				DO NOT MINT	IN THIS COACE
				DO NOT WRITE 3. Date Incorporated or Qualified	IN ITIO SPACE
				08/06/1996	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number 50 - 320	Applied For
21	26			APPLIED FOR	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22				Continuate of States Desires	Fee Required
	City & State City & State			6. Election Campaign Financing	\$5.00 May Be
Z _I p	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes or has pail Personal Property Tax due June	
<u></u>	9. Name and Address of Current		1221	10. Name and Address of New Reg	
CO	RPORATION SERVICE COMPANY		81 Name		
4004 1/4V0 070557				Iress (P.O. Box Number is Not Acceptab	le)
TALLAHASSEE FL 32301			OF COLLING	Total III. Box Hamber is Not Nocopias	,
•			83		
			84 City		85 Zip Code
					FL
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 re 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 reg agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	orida Statutes.	,,,	
SIGNATURE			TE: Registered Agent signature regu		DATE
12.			13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE	1,5511,511,6,61,511,41,42,61,75	Change Addition
NAME	LYNCH, THOMAS		1.2 NAME		-
STREET ADDRESS			1.3 STREET ADDRESS		
CITY+ST-ZIP	BOCA RATON FL 33431-7383		1.4 CITY-ST-ZIP		
TITLE	VD .	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STEINER, JOHN		2.2 NAME		
STREET ADDRESS	ADDRESS 2255 GLADES ROAD #218A		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431-7383		2. 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HANDLER, HENRY B		3.2 NAME		
STREET ADORESS	2255 GLADES ROAD #218A		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431-7383	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		□ battle	4.1 TITLE		L Change L Addition
NAME CERCET ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	······································	Change Addition
NAME			5.2 NAME		and a secondary and a secondary
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
-			■ !		İ

14. I 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 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 corpolation or the receiver or true empowered to execute this report as required by Chapter 601, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of or the state that my name appears in Block 12 or Block 13 if changes of or the state that th

SIGNATURE