

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

FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000088374 (9)

1. Corporation Name

AMERICAN FAMILY PHARMACY CAPITAL, INC.

Principal Place of Business

Mailing Address

C/O DUKER BARRETT GRAVANTE & MARKEL
1 EAST BROWARD BLVD STE 620
FRT LAUDERDALE FL 33301

C/O DUKER BARRETT GRAVANTE & MARKEL
1 EAST BROWARD BLVD STE 620
FRT LAUDERDALE FL 33301-1865



3. Date Incorporated or Qualified

10/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. 6422 N.W. 5TH WAY

27. 6422 N.W. 5TH WAY

City & State

City & State

23. FRT LAUDERDALE, FLORIDA

28. FRT LAUDERDALE, FLORIDA

Zip

Country

Zip

Country

24. 33309

25. USA

29. 33309

30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHASKES, ROBERT
1 EAST BROWARD BLVD STE 620
FRT LAUDERDALE FL 33301

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DUKER, WILLIAM F
1 EAST BROWARD BLVD. STE 620
FRT LAUDERDALE FL 33301

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
P
DUKER, WILLIAM F.
1 EAST BROWARD BOULEVARD, SUITE 620
FORT LAUDERDALE, FLORIDA 33301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
S
RIVERA, PATRICIA
470 SOUTH PARK ROAD, APT. #109
HOLLYWOOD, FLORIDA 33021

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition

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:

William F. Duker, President/Director 1/28/97
(954) 356-0011
Date Daytime Phone #

CR2E034 (9/96)