PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE *

Secretary of State
DIVISION OF CORPORATIONS

1999

FILED May 04, 1999 8:00 am Secretary of State

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05-04-1999 90124 044 ***150.00

DOCUMENT # P98000080158 1. Corporation Name DEBBIE DOLLAR FINANCE, INC.												
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2. Principal Place of Business			2a. Mailing Address			-	65-0	07/3	11		t Applicable	1
21 Suite Ant	# etc		Sulte, Apt. #, etc.			- †		<u> </u>		\$8.75	Additional	
Suite, Apt. #, etc.			27				5. Certificate of	Status Desired		Fee Re	quired	
	<u> </u>		City & State				-6Election Can	paign Financing	- m	•	May Be	
23 28							Trust Fund C			Added	o Fees	┥
Zip	Count	· —	Zip	— Count ~¬	У		8. This corporation owes the current year Intangible					l
24	25	[29]		10			Personal Pro		Renistered			ł
	9. Name and Addr	ess of Current Regis	тегев Аделт		1 Name		TO: HUING BILL P	00,000 0				1
STO	NE, JACK			_			- 10 O O Nom	a Net Asset	-bi-\			
1407	7 SEA GULL CT.			8	2 Street	Addres	s (P.O. Box Numi	er is Not Accept	abie)			
PUN	ita gorda FL 3395	0		(e	3							l
ĺ				L.	4 075					85 Zip	Code	┨
		1			4 City				FI	_		
11. Pursuant	to the provisions of Se	ctions 607.0502 and 6	07.1508, Florida Statute da. Such change was au , Section 607.0505, Flori	s, the abo	ve-named	corpor	ation submits this	statement for the	purpose o	changing its	registered	
office or r	registered agent, or odd m familiar with, and acc	h, in the State of Floric cept the obligations of	da. Such change was au , Section 607.0505, Flori	monzec i da Statut	y ine corp is.	Oralion	S DOMEO OF DIFFERE	is. I hereby acco	pt and appe		•	
SIGNATURE			_									۱_
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12.	Signature, typ		Mapplicable (NOTE: F CTORS	legistered Ar 13.	eni signature n	required w	hen reinstalling) ADDITIONS/C	HANGES TO OF	DATE			(11/98)
12. TIFLE	Signature, typ	a or regardings and and see	Mapplicable (NOTE: F	13.	eni signature r	PR	ADDITIONS/O	HANGES TO OF	DATE	ND DIBECTO	RS IN 12	34 (11/98)
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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 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 curporation or the receiver or truptee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changing for on an attachment with an address, with all other like empowered.

SIGNATURE:

CHATURE AND TYPED OR PRONTED NAME OF STUDING OFFICER

4-10-99

941-575-5715