

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 6:00 PM: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # S71908 (5)

1. Corporation Name
DOLLAR MERCHANDISE, INC.

FILED
95 JUL 10 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2900 W SAMPLE RD #220 SUITE 213 POMPANO BCH FL 33067 US
1885 PALM COVE BLVD., STE 207 SUITE 213 DELRAY BEACH FL 33445 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/05/1991** 3a. Date of Last Report **04/28/1994**

2. Principal Place of Business 2a. Mailing Address
21 2900 W. SAMPLE RD 28 9682 VIA EMILIE

4. FEI Number **65-0276463** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 #220 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 POMPANO BCH, FL 28 BOCA RATON, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 33067 25 USA 29 33428 30 U.S.A

8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SULLEMAN, AMJAD A
 1885 PALMCOVE BLVD
 SUITE 207
 DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent

B1 Name AMJAD A. SULIEMAN
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 9682 VIA EMILIE
B4 City BOCA RATON, FL B5 Zip Code 33428

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 *Amjad Suliman* **PRES. AMJAD SULIEMAN** **7-5-95**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SULEIMAN, AMJAD
STREET ADDRESS 1885 PALM COVE BLVD #207
CITY-ST-ZIP DELRAY BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD Change Addition
1.2 NAME AMJAD A. SULEIMAN
1.3 STREET ADDRESS 9682 VIA EMILIE
1.4 CITY-ST-ZIP BOCA RATON, FL, 33428

2.1 TITLE S Change Addition
2.2 NAME IBRAHIM SULIMAN
2.3 STREET ADDRESS 9682 VIA EMILIE
2.4 CITY-ST-ZIP BOCA RATON FL 33428

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

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Amjad Suliman* **7-5-95** **(305) 970-2442**
Signature typed or printed name of signing officer or director Date Telephone #

CR2E034 (8/95)