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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000035959 (0)

DOLLAR POWER DISCOUNT, INC.

Principal Place of Business

2. Principal Place of Business

Block 12 or Block 13 if changed, or or

Suite, Apt. #, etc.

City & State

Mailing Address

6140 S.W. 78TH ST. MIAMI FL 33143 6140 S.W. 78TH ST. MIAMI FL 33143

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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27

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FILED Feb 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1997

4. FEI Number

65-0747/55

Not Applicable

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

11, 1198

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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24	2			29			30				Personal Property Tax due June 30. 🔲 Yes 🔀 No		
			ess of Current	Regi	stered Agent						10. Name and Address of New Registered Agent		
SH	OMAR, JOS	EPH						8	1 Name	ı			
17439 N.W. 66 CT.								82	82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33015									oross (F.O. Dox Harrison is the Accophability				
								8:	3				
								<u> </u>					
								84	City		FL 85 Zip Code		
office or re	egistered age	nt, or bo	ctions 607.0502 th, in the State of cept the obligation	Flor	ida. Such char	ige was a	utho	rized b	by the co	d corporation	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE													
	Signature, typed or		ne of registered agent			(NOTE			gen! signa!u	e require	uired when reinstating) DATE		
12.	BOTH		OFFICERS AND	DIKE	CTORS	TICTE	-	13.		-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD					ELETE		1.1 TITLE			Change L Addition		
NAME	FRANCIS						1	12 NAME					
STREET ADDRESS	6140 SW		SI.				1	1.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL	33143					_	1.4 CITY -	ST-ZIP	↓			
TITLE [☐ DE	LETE	ı	2.1 TITLE		ļ	Change Addition		
NAME							ı	2.2 NAME		1			
STREET ADDRESS							ı	2.3 STREE	T ADDRESS				
CITY-ST-ZIP							1.	2. 4 CITY	-ST-ZIP	l			
TITLE					□ bi	LETE	Т	3.1 TITLE		T	Change Addition		
NAME							ı	3 2 NAME		ţ			
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CITY-ST-ZIP							ı	3.4. CITY	-ST-ZIP				
TITLE					□ DE	LETE	1	4.1 TITLE			Change Addition		
NAME							i	4. 2 NAME		1			
STREET ADDRESS							ı	4.3 STREE	1 ADDRESS				
CITY-ST-ZIP							ı	4.4 CITY -	ST-ZIP				
TITLE					☐ DE	LETE	7	5.1 TITLE		T	Change Addition		
NAME							ı	5 2 NAME					
STREET ADDRESS							1	5.3 STREE	T ADDRESS				
CITY-ST-ZIP								5.4 CITY-					
TITLE					DE	LETE	-	6.1 TITLE	<u> </u>	+	Change Addition		
NAME					_			6.2 NAME			_ · · ·		
STREET ADDRESS							1		T ADDRESS	1			
							•	6.4 CITY-					
CITY-ST-ZIP	ertify that the	informati	on supplied with	this	filing does not	qualify fo				ed in S	n Section 119.07(3)(i), Florida Statutes. I further certify that the information		
indicated (on this annual	l report o	r supplemental a	าทานส	al report is true	and accu	urate	and the	nat my si	gnatur	ture shall have the same legal effect as if made under oath, that I am an quired by Chapter 607, Florida Statutes; and that my name appears in		