

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

FILED
Feb 12 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 # G09440 (0)
 1. Corporation Name
FAMILY DOLLAR STORES OF FLORIDA, INC.



Principal Place of Business
**P.O. BOX 1017
 CHARLOTTE NC 28201-1017**

Mailing Address
**P.O. BOX 1017
 CHARLOTTE NC 28201-1017**

3. Date Incorporated or Qualified
11/23/1982

3a. Date of Last Report
04/16/1996

4. FEI Number
62-1147034

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 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

TITLE	SV	<input type="checkbox"/> DELETE
NAME	MAHONEY, GEORGE R JR	
STREET ADDRESS	10401 OLD MONROE RD	
CITY - ST - ZIP	MATTHEWS NC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	REIER, JOHN D.	
STREET ADDRESS	10401 OLD MONROE RD	
CITY - ST - ZIP	MATTHEWS NC	
TITLE	DTC	<input type="checkbox"/> DELETE
NAME	LEVINE, LEON	
STREET ADDRESS	10401 OLD MONROE RD	
CITY - ST - ZIP	MATTHEWS NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAFARE, GILBERT A.	
STREET ADDRESS	10401 OLD MONROE RD.	
CITY - ST - ZIP	MATTHEWS NC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BURRIS, JANICE	
STREET ADDRESS	10401 OLD MONROE RD	
CITY - ST - ZIP	MATTHEWS NC	
TITLE	SVF	<input type="checkbox"/> DELETE
NAME	SOWERS, C MARTIN	
STREET ADDRESS	10401 OLD MONROE RD	
CITY - ST - ZIP	MATTHEWS NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Divisional Vice-President Taxation	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sandra B. Hollenbach	
1.3 STREET ADDRESS	10401 Old Monroe Rd	
1.4 CITY - ST - ZIP	Matthews NC 28201	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Sandra B. Hollenbach* 1-16-97 704-547-6961
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

FAMILY DOLLAR STORES CORPORATE STORE SUBSIDIARIES
OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
Leon Levine 242-48-5030	Chairman/Treasurer/ Director	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
John D. Reier 143-32-0845	President/Chief Operating Officer	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
George R. Mahoney, Jr. 084-34-7804	Sr. Vice President/ Secretary	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
C. Martin Sowers 244-11-5178	Sr. Vice President/ Finance	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
Gilbert A. LaFare 382-44-5667	Vice President- Real Estate	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
Sandra B. Hollenbach 251-78-5436	Divisional Vice President/Taxation	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
Janice B. Burris 246-76-1553	Asst. Secretary	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017

DIRECTORS

Leon Levine 242-48-5030	Chairman/Treasurer/ Director	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
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THE TELEPHONE NUMBER FOR ALL OFFICERS & DIRECTORS IS 704-847-6961