

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/23/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 62-1147034	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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 607.1504 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SV	1.1 TITLE	Divisional Vice-President Taxation
NAME	MAHONEY, GEORGE R JR	1.2 NAME	Sandra B. Hollenbach
STREET ADDRESS	10401 OLD MONROE RD	1.3 STREET ADDRESS	10401 Monroe Rd
CITY-ST-ZIP	MATTHEWS NC	1.4 CITY-ST-ZIP	MATTHEWS NC 27201
TITLE	P	2.1 TITLE	President
NAME	REIER, JOHN D.	2.2 NAME	Howard R Levine
STREET ADDRESS	10401 OLD MONROE RD	2.3 STREET ADDRESS	10401 Monroe Rd
CITY-ST-ZIP	MATTHEWS NC	2.4 CITY-ST-ZIP	MATTHEWS NC 27201
TITLE	DTC	3.1 TITLE	
NAME	LEVINE, LEON	3.2 NAME	
STREET ADDRESS	10401 OLD MONROE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MATTHEWS NC	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	LAFARE, GILBERT A.	4.2 NAME	
STREET ADDRESS	10401 OLD MONROE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MATTHEWS NC	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	BURRIS, JANICE	5.2 NAME	
STREET ADDRESS	10401 OLD MONROE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MATTHEWS NC	5.4 CITY-ST-ZIP	
TITLE	SVF	6.1 TITLE	
NAME	SOWERS, C MARTIN	6.2 NAME	
STREET ADDRESS	10401 OLD MONROE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MATTHEWS NC	6.4 CITY-ST-ZIP	

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 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* 2/5/98 704-247-6961

CR2E034 (10/97)