FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000012626 (6)

DOCUMENT # 1. Corporation Name

| ALL FO | R .99 CENTS, INC. | | | | | |
|--|--|--|----------------------------------|--------------------------------|--|--|
| Principal Place of Business Maling Address | | | | | | itii aant aanti 11852 ilan anne man éirt (88) |
| 5408 DEERBROOKE CREEK #2 5408 DEERBROOKE CREE TAMPA FL 33624 TAMPA FL 33624 | | | EK #2 | | | |
| | • | | | | Date Incorporated or Qualified 02/24/1993 | d 3a. Date of Last Report 11/06/1995 |
| 2. Principal Pla | ce of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 59-3170587 | Not Applicable \$8.75 Additional |
| Suite, Apt. # | e, etc. | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | Fee Required |
| City & State | 4. | City & State | | | 6. Election Campaign Financing | 55.00 May Be |
| 23 | | 28 | . | | Trust Fund Contribution | Added to Fees |
| Zφ | Country | Zip | Country | | | or intangible tax under s. 199.032, /es. □ No |
| 24 | 25 g. Name and Address of Curre | nt Registered Agent | 30 | | Florida Statutes 10. Name and Address of New | 4 |
| | g, Name and Address of Confe | in neglatered Agent | 81 | Name / | | |
| YASMIN, BEENA | | | | | (ASHID KAFI | tabla) - |
| | PWOOD AVE | -16 | 82 | 540 | ess (P.O. Rox Number is Not Accep 18 - VEER BROKE | CREK#2 |
| TAMPA | 1 33887 | 2 10 | 83 | | | |
| _ | | | 84 | City | 0 | ■■ 85 Zip Code |
| | | | | ``//\ | m /A | FL 33624 |
| | o the provisions of Sections 607 (EQ) ed agent, in both, in the State of Clot h, and accept the obligations of Sec | 2 and 607,1508, Florida Statute: La. Such change was authorize dun 607,0505, Florida Statutes. | s, the above to display the corp | nameo corpor oration's boor | anon submits this statement for the rd of directors. Thereby accept the a | purpose of changing its registered office ppointment as registered agent. I am |
| SIGNATURE _ | Stynature, typed or pricted han a congestered age | mardite-dappleable (but | E. Hegi teren Agor | a signal an inspers | l when recestaring) | KATE |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO C | OFFICERS AND DIRECTORS IN 12 |
| TITLE | · - | | i 1 1 fifuë | | | Change Addit on |
| NAME | EARL DEEDBOOKE OBEEK 40 | | 1.2 NAME | | | |
| STREET ADDRESS | TAMPA EL COCCA | | 1.3 STREET ADDRESS | | | |
| CITY - ST - ZIP TITLE | DELETE | | 2 1 TITLE | | ·•· | Change Addition |
| NAME | | | 2.2 NAM: | | | |
| STREET ADDRESS | 7821 CAPWOOD AVE DOLETE | | 23 STREET | ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33637 | | 24 CiTY-5 | 9.5 - 13 | | |
| TITLE | | ☐ DELETE | 3 1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 3 2 N4ME | | | |
| STREET ADDRESS | | | 33 STREE | F ADDRESS | | |
| CITY - ST - ZIP | | | 3 4 CITY - ST - ZIP | | | |
| TITLE | DELETE | | 4) TITLE | | | Change Addition |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | 4 3 S1RE6 | | | |
| CITY-ST-ZIP | DELETE | | 4.4 CITY 3 5.1 THE | 51 · ZIP | | Change Addition |
| TITLE NAME | | □ becele | 5 2 NAMÉ | | | |
| NAME STREET ADDRESS | | | 5.3 STREET | LADORESS | | |
| CITY-ST-ZIP | | | 54 CITY - 5 | | | |
| TITLE | | DELETE | 6 1 THTLE | 3 | | Change Addition |
| NAME: | | • | 6.2 NAME | | | |
| STREET ADORESS | | | 6.3 STREE | I ADDRESS | | |
| | 1 | | | I | | |

14. I do hereby certify that the information supplied with this filing is vocuntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 k changed or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 813-915-8677

CR2E034 (12/95)