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

DOCUMENT # P93000016285 (7) 1. Corporation Name DOLLAR DAYS STORES, INC.					
Principal Place of Business 115 TAMIAMI TRAIL UNIT 4154 PUNTA GORDA FL 33950 US		Mailing Address 115 TAMIAMI TRAIL UNIT 4154 PUNTA GORDA FL 33950 US		Date incorporated or Qualified 3a. Date of Last Report	
		03		02/26/1993	03/28/1995
 -	ace of Business	2a. Maling Address		4. FEI Number	Applied For
Suite, Apt	#. etc.	Suite, Apit. #, etc.		65-0400932	Not Applicable
22	.,	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stale	9	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country	Ζφ	Country	B. This corporation has liability for	
24	25 9. Name and Address of Curre	29 Registered Agent	[30]	1	No No
		- riogistered Agent	81 Name	10. Name and Address of New F	legistered Agent
Kearney, John 115 Tamiami Trail Unit 4154 Punta Gorda Fl 33950			82 Street Add 83 84 City	ress (P.O. Box Number is Not Acceptat	ble)
familiar wit SIGNATURE	h, and accept the obligations of Sec Spiarar Stedius abdaa - எற்றுக்க அக	ction 607.0505, Fiorida Statute		ration submits this statement for the pur and of directors. I hereby accept the app statementating	Continent as registered agent. I an
TITLE	PT	DELETE	1 1 T T L F	, is a second of the second of	Change Addition
NAME	KEARNEY, JOHN		1.2 AAME		
STREET ADDRESS	2829 SE 19TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIF	CAPE CORAL FL		1.4 CITY - ST - ZIP		
TITLE	VPS	☐ DELETE	2 1 Inte		Change Addition
NAME STREET ADDRESS	ROGERS, KENNETH 25100 SANDHILL BLVD S-1(14	2.2 NAME		
DITY-ST-ZIP	PUNTA GORDA FL	J 4	2.3 STREET ADDRESS		
TITLE		[] DELFTE	3 1 TITLE		
NAME		<u></u>	3 2 NAME		Change C Addition
STREET ADDRESS			3.3 STREET ADORESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		DEL FTE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4 4 CITY - ST - ZIF		
TITLE		DELETE	5 FTILLE		Change Addition
NAME			5 2 NAMÉ		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		☐ DELETE	54 CITY-ST ZIP		
NAME		□ O€LFT£	6 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME		
i			6.3 STREET ADDRESS		
CITA-21-516			6.4 City - St - ZiF		

I do hereby certify trial the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stateo in Section 119.07(3)(k), Florida Statutes. Hurther 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 logal effect as if made under cath; 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: SIGNATURE AND TYPEO OR PRINTED NAME OF FIGNING OFFICER OR DIRECTOR

W-30-96 941-639-6565