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

Mailing Address

115 TAMIAMI TRAIL

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

115 TAMIAMI TRAIL

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000016285** (7)

DOLLAR DAYS STORES, INC.

UNIT 4154 PUNTA GORDA FL 33950 US 2. Principal Place of Business		UNIT 4154 PUNTA GORDA FL	UNIT 4154 PUNTA GORDA FL 33950-3600 US			Y
				3. Date Incorporated or Qualified 02/26/1993	3a. Date of Last Report 05/01/1996	
		₁	2a. Mailing Address		4, FEI Number	Applied For
<u>n</u>		26			65-0400932	Not Applicable
Suite, Apt. #, c	Bic.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
_ Z iр Э	Country	Zip	ļ,	Country	8. This corporation has liability for in	
<u> </u>	25	[29]	30			Yes No
····	9. Name and Address of Curr	ent Registered Agent	·	81 Name	10. Name and Address of New Reg	Istered Agent
	EY, JOHN			81 Name		
	MIAMI TRAIL			B2 Street Add	ress (P.O. Box Number is Not Acceptabl	е)
UNIT 41						
PUNIA	GORDA FL 33950			83		
				84 City		85 Zip Code
- 14				11 1	poration submits this statement for the pu	
union or regis	stered agent, or both, in the Sta amiliar with, and accept the obt	ite oi rionda, such chang	je was aumi	onzeo by the corporat	tion's board of directors. I hereby accept	the appointment as registered
59	lature, typed or profod name of registered a	ageot and title if applicable	(NOTE Reg	istered Agent signature requi	red when reinstating)	DATE
2.		ND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
RE P	•	. [_] DEL	LETE	1.1 TITLE		Change Additio
	EARNEY, JOHN			1.2 NAME		
	329 SE 19TH AVE			1.3 STREET ADDRESS		
	APE CORAL FL			1.4 CITY - ST - ZIP		
	P\$	☐ DEL	L E TE	2.1 TITLE		Change Addition
	OGERS, KENNETH	-		2.2 NAME		*
	5100 SANDHILL BLVD S-104	•		2.3 STREET ADDRESS		
	UNTA GORDA FL	***************************************		2. 4 CITY-ST-ZIP	***************************************	
tr. (☐ DEL	LETE	3.1 TITLE		Change Addition
ME				3.2 NAME		
IREET ADDRESS				3.3 STREET ADDRESS		
TY - \$1 - 7)F'				3.4. CITY-ST-ZiP		
TLE .		L DEt	LETE	4.1 TITLE		Change Additio
1Mt				4. 2 NAME		
RELLADDRESS			İ	4.3 STREET ADDRESS		
TY-ST-712				4.4 CITY - ST - ZIP		
FL F		☐ DEL	.t IE	5.1 TITLE		Change Additio
AME			1	5.2 NAME		
IREET ADDRESS			1	5.3 STREET ADDRESS		
TY-ST-7:F				5.4 CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·
11.6		() () () () () () () () () ()	.E.F.E	6 1 TITLE		Change Addition
AMAE			1	62 NAME		
TREET ADORESS			1	6 3 STREET ADDRESS		
(TY-ST-ZIF				6 4 CITY - ST - ZIP		
 I do hereby c information in Lam an office 	ertily that the information suppli dicated on this annua apport or or difector of the corgunation i	ied with this . ஆகிக்கள் r supplementa . க்.ப்பி rep or tho-receiver or trustee	ot qualify for port is true a empowered	the exemption stated nd accurate and that to execute this repor	I in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal t as required by Chapter 607, Florida St	I further certify that the effect as if made under oath, the atutes, and that my name

11706hn Kearney Dale