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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENTO STATE

Sandra B. Mortham

		1998			Secretary of State DIVISION OF CORPORATIONS			ONS	Secretary of State			
Ę		MENT on Name			16285 (7)							
DOLLAR DAYS STORES, INC.												
Pr	Principal Place of Business Mailing Address								T ABBILDON ILO PORGO ILILI SCILI GOLIA DA	PHA BEARA MA	AR MIANE ANNEA DA	187 0111 1801
	115 TAMIAMI TRAIL 115 TAMIAMI TRAIL											
, -	UNIT 4154 UNIT 4154 PUNTA GORDA FL 33950 PUNTA GOR					ORDA FL 33950			DO NOT WRITE	E IN THIS	SPACE	
U	US US								3. Date Incorporated or Qualified			
2.	Principal P	Place of Busin	ness	2	Mailing Address				02/26/1993 4. FEI Number		1 14	pplied For
21				26	<del> </del>			65-0400932			ot Applicable	
Г	Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22	City & State			27							tequired	
23	City & State			28	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
	Zip	······································				Cou	ountry  8. This corporation owes or has paid the current year					
24	25 29 30						,		Personal Property Tax due June			□ No
├	Name and Address of Current Registered Agent							Name	10. Name and Address of New Ro	egisterea	Agent	
KEARNEY, JOHN							81					
	115 TAMIAMI TRAIL UNIT 4154						82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
PUNTA GORDA FL 33950						İ	83					
							84	City			<b>85</b> Zip	Code
								·		FL	<b>.</b>   '	
11	<ul> <li>Pursuant t office or re</li> </ul>	to this provis egi <b>ste</b> ced ag	ions of Sections Jent, or both in t	607.0502 and the State of Flor	607.1508, Florida <b>Sta</b> tute rida. Such change was r	es, the at authorized	bove d by	e-named corporation	pration submits this statement for the pon's board of directors. I hereby acce	purpose o pt the app	if changing i pointment as	ts registered registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboffice or registered agent, or both in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statu								i		0/2	17/0	
SIG	GNATURE .	Signature, typed	or printed name place	ristered agent and in	to if applicable (NOT)	E: Registered	d Age	nt signature required	d when reinstating)	DATE	1/9	<i>\$</i>
12			OFFIC	ERS AND DIRE		13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TITE	1 1		W IOUN		☐ DELET <b>e</b>	1.1 10			,		Change	☐ Addition
			T, JUHN 19TH AVE			1.2 NA		ADDRESS .				
			ORAL FL			1.4 CH						
TITE		VPS			☐ DELETE	2.1 1∤1					☐ Change	Addition
NA	(10 0.2.10)				2.2 N							
\$TR	REET ADDRESS		ANDHILL BLVD	) \$-104		2.3 ST	REET	ADDRESS	,			
	PUNTA GORDA FL				☐ DELETE	2.4 CI		T-ZIP	· · · · · · · · · · · · · · · · · · ·	·····	Change	Addition
TITL NAM	i i				CT Officia	3.1 TIT 3.2 NA			<b>ं '</b>		Change	Addition
	REET ADDRESS							ADDRESS				
	Y-ST-ZIP					3.4. CI		ŀ				
TITLE					☐ DELE <b>te</b>	4.1 T/T	ΓLE				Change	Addition
NAN						4. 2 NA						
	EET ADDRESS					1		ADDRESS				
TITL	Y-ST-ZIP .E				☐ DELETE	4.4 CIT 5.1 TIT		- ZIP			☐ Change	Addition
NAM	4					5.2 NA						
STR	EET ADORESS					5.3 STI	REET	ADDRESS				
ÇITY	Y-ST-ZIP					5.4 CIT	Y-ST	- ZIP				
TITL					☐ DELETE	6.1 TIT					Change	Addition
NAM	1					6.2 NA						
SIR	EET ADDRESS					6.3 ST	REET A	AODRESS				

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 supplied enter an 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 gord pration of 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 or an attachment with an address.

**FILED** 

Mar 16 1998 8:00am