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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name P93000019612 (9)

DOLLAR DAY FARM, INC.

## **FILED** Mar 17 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address					1 \$4011601 frit inene feite date date abiet abiet indes entes ness rene met eren	
1115-A 62ND AVENUE N.			1115-A 62ND AVENUE N.					
ST. PETERSBURG FL 33702			ST. PETERSBURG FL 33702					DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								03/16/1993
2. Principal Pl	lace of Busine	2a. Mailing Address					4. FEI Number Applied For	
21			26					<b>59-3171128</b> Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					SR 75 Additional
22			27					5. Certificate of Status Desired Fee Required
City & State			City & State					6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution Added to Fees
Zip			Zip Co			untry		8. This corporation owes or has paid the current year Intangible
24	2		29		30			Personal Property Tax due June 30. Yes No
	g, Name a	nd Address of Current	Registered Age	nt		1		10. Name and Address of New Registered Agent
PA1	TEL, HARISH	I L				81	Name	
8642 18TH WAY N.					82 Street Address (P.			Address (P.O. Box Number is Not Acceptable)
		RG FL 33702				01.02.7	,	
<b>.</b>						83		
						84	City	85 Zip Code
						1	•	FL   T
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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								
Signature, typed or printed name of registered agent and lifte it applicable (NOTE Registered Agent a gnature required when reinstating)  DATE  19 OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS								ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	P	OFFICERS AND		DELETE	13.	ITI E	Т	ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 12
TITLE	•	ADIOLI I	<u>.                                    </u>	J DECEME				
NAME PATEL, HARISH L STREET ADDRESS 8642 18TH WAY N.				1.2 NAME 1.3 STREET ADDRESS			ADDDCCC	
STREET ADDRESS			1.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	OI. FEIC	RSBURG FL 33702		DELETE	2.1 T		1-211	☐ Change ☐ Addition
NAME		*	_		2.2 N			,
· ·	•						address	
STREET ADDRESS						DITY-S	' I	
CITY-ST-ZIP TITLE				] DELET <b>E</b>	3.1 T		1-217	Change Addition
			_		3.2 N			
NAME OTREET ADDOLCS							ADDRESS	
STREET ADDRESS					1	CITY-S		
CITY-ST-ZIP TITLE				DELETE	4.1 T		1-4IF	Change Addition
!			<u></u>			NAME		
NAME CTREET ANDRESS					•		ADDRESS	
STREET ADDRESS					1	ITY-ST		
CITY-ST-ZIP			Т"	DELETE	5.1 T		1-24	Change Addition
TITLE NAME			L-	_ ~	1	IAME		C
					1		ADDRESS	Λ <sup>3</sup> .—
STREET ADDRESS								3.11
CITY-ST-ZiP	<del></del>		Г	DELETE	5.4 U	ITY-ST	1-2H	☐ Change ☐ Addition
TITLE			<u></u>	y July 1		IAME .	1	900002459409
NAME					T .			900002459409 -03/17/9801047011
STREET ADDRESS				6.3 STREET ADDRESS 6.4 City-St-zip				***150.00
CITY-ST-ZIP					6.40	ITY-ST	I 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?