

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000042024 (8)  
1. Corporation Name

STORE NEXT DOOR INC.

Principal Place of Business  
3306 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33405

Mailing Address  
3306 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33405

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SHORE, DIANNE M  
3306 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33405

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

11. Pursuant to the provisions of sections 607.0502 and 607.1505, 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 Dianne Shore  
Signature of typed or printed name of registered agent and true declaration

Dianne Shore  
(NOTE: Registered Agent's signature required when re-instating)

4-5-99  
(DATE)

12. OFFICERS AND DIRECTORS

|                |                          |            |
|----------------|--------------------------|------------|
| TITLE          | P                        | [ ] DELETE |
| NAME           | SHORE, DIANNE M          |            |
| STREET ADDRESS | 3306 SOUTH DIXIE HIGHWAY |            |
| CITY-STATE-ZIP | WEST PALM BEACH FL 33405 |            |
| TITLE          |                          | [ ] DELETE |
| NAME           |                          |            |
| STREET ADDRESS |                          |            |
| CITY-STATE-ZIP |                          |            |
| TITLE          |                          | [ ] DELETE |
| NAME           |                          |            |
| STREET ADDRESS |                          |            |
| CITY-STATE-ZIP |                          |            |
| TITLE          |                          | [ ] DELETE |
| NAME           |                          |            |
| STREET ADDRESS |                          |            |
| CITY-STATE-ZIP |                          |            |
| TITLE          |                          | [ ] DELETE |
| NAME           |                          |            |
| STREET ADDRESS |                          |            |
| CITY-STATE-ZIP |                          |            |

13.

|                   |  |
|-------------------|--|
| 11 TITLE          |  |
| 12 NAME           |  |
| 13 STREET ADDRESS |  |
| 14 CITY-STATE-ZIP |  |
| 21 TITLE          |  |
| 22 NAME           |  |
| 23 STREET ADDRESS |  |
| 24 CITY-STATE-ZIP |  |
| 31 TITLE          |  |
| 32 NAME           |  |
| 33 STREET ADDRESS |  |
| 34 CITY-STATE-ZIP |  |
| 41 TITLE          |  |
| 42 NAME           |  |
| 43 STREET ADDRESS |  |
| 44 CITY-STATE-ZIP |  |
| 51 TITLE          |  |
| 52 NAME           |  |
| 53 STREET ADDRESS |  |
| 54 CITY-STATE-ZIP |  |
| 61 TITLE          |  |
| 62 NAME           |  |
| 63 STREET ADDRESS |  |
| 64 CITY-STATE-ZIP |  |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

600002839846-3  
-04/15/99--01045--004  
\*\*\*\*\*900.00 \*\*\*\*\*900.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(g), 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

SIGNATURE: Dianne Shore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99 561-832-6452

99 APR 12 AM 10:54

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

3. Date Incorporated or Qualified

06/11/1993

4. FEI Number

65-0417161

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30

[ ] Yes [ ] No

10. Name and Address of New Registered Agent

CR2E034 (5/98)