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

PROFIT CORPORATION **ANNUAL REPORT** 1998

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300073987 (8)

DOLLA	R SHACK, INC.							
Principal Plac	ce of Business	Mailing Address					800 41150 10101 40111 1001 1041	
% JUPITER LAW CENTER 6390 INDIANTOWN RD #30 JUPITER FL 33458		% Jupiter Law Center 6390 Indiantown RD #30 Jupiter FL 33458		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/18/1993		7		
2. Principal F	Place of Business	2a. Mailing Address			*****	4. FEI Number	Applied For	ヿ
21		26				65-0459370	Not Applicab	lе
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	30 Co	untry		This corporation owes or has paid the c Personal Property Tax due June 30.	Yes No	
	g. Name and Address of Currer	nt Registered Agent		L,		10. Name and Address of New Registered	d Agent	\Box
63: CH	JMSON, RICHARD P 90 INDIANTOWN RD IASÉWOOD PLZ STE 30 PITER FL 33458			81 82 83		ress (P.O. Box Number is Not Acceptable)		
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat t	ites, the a	84 bove	e-named corp	poration submits this statement for the purpose	of changing its registered	3
agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation	ations of Section 607.0505, F	autnorize forida Sta	tutes	the corporat	ion's board of directors. I hereby accept the ap	opointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NO	TE: Registere	ed Age	nt signature requir	red when reinstating) DATE		٠ ١,
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	DELETE	1.1 T	ITLE			☐ Change ☐ Addition	n
NAME	CHABRIA, MAYA		1.2 N	AME				- [2
STREET ADDRESS	18348 LAKE BEND DR		1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	JUPITER FL 33458		-	ITY - S	T-ZIP	·		_
TITLE		DELETE	2.1 Ti	ITLE			Change Additio	۱۰
NAME			2.2 N	AME	-]			
STREET ADDRESS			2.3 S	TREET	ADDRESS	+		ı
CITY-ST-ZIP		——————————————————————————————————————	_	OTY-S	I-ZIP			_
TITLE		DELETE	3.1 Ti				Change Additio	a
NAME			3.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE		ITY-S	T-ZIP		Change Additio	
TITLE		T'I DETEIR	4.1 7		ł		шыжийя шжоопо	"
NAME			4. 2 N					
STREET ADDRESS	· ·		4.3 S	TREET	ADDRESS			- [

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.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZiP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETÉ

3/3/98

(561) 624-5819

Change

Change

☐ Addition

☐ Addition

FILED

Mar 13 1998 8:00am

Secretary of State