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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000022019 (1)

\$ DOLLAR KING, INC.

Principal Place of Business Malling Address

FILED Jul 17 1998 8:00am Secretary of State



1722 WOOLGO WAY ORLANDO FL 32822		1722 WOOLCO WAY ORLANDO FL 32822			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
		T & TAW ALL			03/22/1994	
	iace of Business	2a. Mailing Address	alling Address		4. FEI Number	Applied For
		26	- A		59-3226042	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu	
24	25	29	30		Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent
RA7	VK, MOHAMMAD H		8	Name A	DAGE MOLLENMAN ACT	11
1722 WOOLCO WAY				Street Addr	ess (P.O. Box Number is Not Acceptable)	_ f T
ORLANDO FL 32822				2.5	327 SAFFRON DR	
VIID	AIDQ I C OLOCE		8	3		
			ļ_	J		
			8-	City O	24ANDO FI	85 Zip Code 32837
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	Mart	<u> </u>		42A2	7/8/9	3
	sk die.e. typed or printed name of registered a			Agent signature requ	uired when reinstating) DATE	AID DIDECTORS IN 40
12.		AND DIRECTORS	13.	<u>T</u>	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D DATE AND DESCRIPTION OF THE PARTY OF THE P	L DELETE	1.1 TITLE	-	ADAL MAHAMMEN IL	Change Addition
NAME	RAZAK, MOHAMMED H		1.2 NAME		AZAK MOHAMMED H 827 SAFFRON DR	
STREET ADDRESS	1722 WOOLCO WAY				•	-
CITY-ST-ZIP	ORLANDO FL 32822		1.4 CITY-		DRLANDO FL 3283	
TITLE	D	DELETE	2.1 TITLE	D		Change Addition
NAME	RAZAK, REHANA H		2.2 NAME	1 .	AZAK REHANA H	
STREET ADDRESS	1722 WOOLCO WAY		2.3 STREE	1 -	827 SAFFRON DR	
CITY-ST-ZIP	ORLANDO FL 32822		2.4 CITY-	ST-ZIP C	DRUANDO FL 32837	
TITLE	:	DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STRE	T ADDRESS		
CITY-ST-ZIP			3.4 CITY-	ST-ZIP		
TITLE	-	DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CITY-	ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		χ
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE		الراد الإسراء المسرة المبرد المسرة المسرة المسرة المسرة المسرد	ChangeAddition
NAME			6.2 NAME		2000025942 -07/21/9801080	ince W _
STREET ADDRESS	,		6.3 STREE	T ADDRESS	-01/21/3801080	nno 🔀 🖂 🗀
CITY ST 7ID	<u> </u>		6.4 CITY	T.71D	***150,00	- 1 - 1

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.

7/8/08