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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

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01-28-1999 90004 006 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000039248

ONE DOLLAR HOUSE, INC.

Principal Pla	ace of Business	Mailing Address								
119C RACETRACK RD #119-C RACE TRACK RD		CHOCTAW PLAZA #119-C RACE TRACK RD					•	•		
US WALTON	BEACH FL 32547	FT WALTON BEACH FL	FT WALTON BEACH FL 32548			DO NOT WRITE IN THIS SPACE				
03						3. Date Incorporated or Qualife	ed	-		_
2 Principal	Place of Business	10-14:11				05/25/1994				
21 Principal	riace of business	2a. Mailing Address				4. FEI Number		A	pplied For	_
Suite, Apr	t # etc	26 Suite And # -4-				<u>59-3261738</u>			lot Applicable	9
22	. <i>n</i> , 610.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
City & State		27 City & State			· · · · · · · · · · · · · · · · · · ·			Fee R	Required	
23		28				6. Election Campaign Financin	<b>7</b> 🗆		May Be	
Zip Country		Zip Country				Trust Fund Contribution			to Fees	_
24 25		<b>⊢</b>	29 30			8. This corporation owes the cu	rrent year int		п.,	
	9. Name and Address of Curre		1301			Personal Property Tax.  10. Name and Address of New	Domintoned	Yes	□No	_
				81	Name	TO. Hame and Address of New	Registered .	Agent		-
CASHILI SMI	ITH, CARMON C.			_,						
₩#11	19-C RACE TRACK RD	,	1	82	Street Addres	ss (P.O. Box Number is Not Accep	table)		-	
FT 1	WALTON BEACH FL 33548		ŀ	83		The second secon	CONTRACTOR	und de la sur-	100 Dr. 1997	_
·			Ł		•					Ì
}				84	City	A STATE OF S	FI	85 Zip		٦
11. Pursuant	t to the provisions of Sections 607,050	02 and 607.1508, Florida Statu	ites, the ab	ove-	named cornor	ration submits this statement for th		honging its		-1
office or	registered agent, or both, in the State am familiar with, and accept the obligation	of Florida. Such change was	authorized	by t	he corporation	's board of directors. I hereby according	e purpose or o	changing its itment as re	s registered egistered	
SIGNATURE		alions of Section 607:0505; Fi	onda Statu	tes.					•	1
SIGNATURE	Signature, typed or printed name of registered agei	int and title if applicable. (NO)	E: Registered A	laent	Signature required w	rhen reinstating),	DATE		-	
12.	OFFICERS AN	ND DIRECTORS	13.		- Branch and the	ADDITIONS/CHANGES TO O		DIRECTO	DPS IN 12	┥
TITLE	P	☐ DELETE	1,1 TITL	E	1 "	\$9.5781755		Change	☐ Addition	Н
NAME	CARMON C. SMITH		1.2 NAM	Æ		Acres 6 S. C. E. C. C.				1
STREET ADDRESS	119 C RACETRACK RD.		1.3 STR	EETA	ADDRESS					
CITY-ST-ZIP	FT. WALTON BEACH FL		1.4 C(T)							1
TITLE	ST	☐ DELETE	2.1 TITL		=:			☐ Change	☐ Addition	H
NAME	Barbara N. Smith		2.2 NAM	ΙE				L) onango		J
STREET ADDRESS 119C RACETRACK RD.			2.3 STR	EETA	DORESS					1
CITY-ST-ZIP FT. WALTON BEACH FL 12 12 12 12 12 12 12 12 12 12 12 12 12			2. 4 CIT							
TITLE CASS		DELETE	3.1 TITU				•	Change	☐ Addition	+
NAME	H. CAPMENTO. Letterie tenescon		3.2 NAM	E				- overião		
STREET ADDRESS			3.3 STRI	FETA	DDRESS					
CITY-ST-ZIP	IALITON BEALTY 17548		3.4. CITY		1	· 图象的 医乳腺管理		性性的	學問題	l
TITLE		☐ DELETE	4.1 T/TLE		2,11	**************************************	ore dans easine s Or 3314 I I I I I I I	Change	Addition	-
NAME HACETAL	ir -*F≥		4. 2 NAM		1		11.62.143.461	C Change:	, OLL MODERNIE	
STREET ADDRESS	PAGE AD		4.3 STRE	-	DDBESS					1
	daCH FLOOr	Harry Way	4.4 CITY		1					ĺ
TITLE		☐ DELETE	5.1 TITLE		3P			Change	- Addition	┨
NAME			5.2 NAME					☐ Change	☐ Addition	
STREET ADDRESS			5.3 STRE		OUBESS	1 The State of the				
CITY-ST-ZIP	₽.		= 0.0 G i NE	rul	-5.450					1.
	·		5.4 CITV	et 7	no i	turgers is				1
TITLE	Constitution of the	☐ DELETE	5.4 CITY- 6.1 TITLE		IP			Change	Addition	:

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 Blöck 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME

STREET ADDRESS CITY-ST-ZIP 1:5.

850-863.5050