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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000065591**

1. Corporation Name

DOLLAR BROS. INVESTMENTS, INC.

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90001 024 ***150.00

	organ Tr						6)81 131 151 6	
Principal Place		Mailing Address		T (BBITON) IND INCIDENT BBITS BOTTLE FOLIA ORITO BITO	# BHU! \$1160 I	1101 3151 1431		
17350 SW 46TH	17350 SW 46TH ST							
FT LAUDERDALE FL 33331 FT LAUDERDALE FL 33331								
}					DO NOT WRITE IN THIS SE	ACE		1
					3. Date Incorporated or Qualifed			
	(B)	La Marillan Address			09/07/1994 4. FEI Number		liad Far	1
	lace of Business	2a. Mailing Address			NOT APPLICABLE		lied For Applicable	1
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A		1
	#, BIC.	Suite, Apr. #, etc.			5_Certifcate of Status Desired	Fee Rec		=
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Pa	1
23	y a state				Trust Fund Contribution	Added to		
Zip			Country		8. This corporation owes the current year Intang			
24	25	29 30	•		1		Ž(No	
	9. Name and Address of Currer				10. Name and Address of New Registered Ag	ent		
			81	Name	,			
DONNELLAN, J. JAMES III			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			1
1900 BRICKELL AVE.								
MIAN	/II FL 33129		83					{
-			84	City		85 Zip C	ode	1
					· F <u>L</u>	_		
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				***	t when reinstating) DATE			ł
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F OFFICERS AND DIRECTORS		13.	t signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	PS IN 12	1 8
12.	DP OFFICERS AF	DELETE	1.1 TITLE			Change	Addition	1
NAME	DOLLAR, ROBERT J		1.2 NAME		_	_	_	
f	15430 SW 158TH ST		1.3 STREET	ADDESS				5
STREET ADDRESS	MIAMI FL 33187		1.4 CITY-ST		•			}
CITY-ST-ZIP TITLE	DV	☐ DELETE	2.1 TITLE	1-21		7 Change	Addition	{
NAME	DOLLAR, JOHN T		2.2 NAME			_ ,	_	
STREET ADDRESS	17350 SW 46TH ST			ADDRESS				1
	FT LAUDERDALE FL 33331	· · · · · · · · · · · · · · · · · · ·				<u></u>		╒
CITY-ST-ZIP TITLE	ST ST	DELETE 3.1 TI		11-215		Change	Addition	1
NAME	SIRKUS, BARBARA E		3.2 NAME					
STREET ADDRESS	7320 NW 70 ST.		3.3 STREET	ADDRESS				Ì
	MIAMI FL 33166		3.4. CITY-S	,	· ·			}
CITY-ST-ZIP TITLE		☐ DÉLETE	4.1 TITLE			Change	Addition	1
NAME		_	4, 2 NAME]				-
STREET ADDRESS		,	4.3 STREET	ADDRESS				
CITY-ST-ZIP		Į	4.4 CITY-S					[
TITLE		☐ DELETE	5.1 TITLE	-		Change	Addition	1
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S					
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	1
NAME			6.2 NAME	- 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

C/TY-ST-ZIP