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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 # P94000089417

1. Corporation Name

DISCOUNT TOOLS & 94 CENT STORE INC.

Principal Place of Business Mailing Address						INCH NINCO NUCL	48 (4) 88 (1) 88 (8		
4835 EUGALEE BLVD P.O. BOX 593118									
MELBOURNE FL 32904 ORLANDO FL 92859					DO NOT WRITE IN THIS SPACE				
					3. Date incorporate	ed or Qualife	·d		·
					01/01/1995				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			App	olied For
21		26 1582-86	191e AVE	$\mu \omega$	59-3284265			No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				tua Degirad		\$8.75 ₽	dditional
22		27 10 M CLLA			5. Certifcate of Sta	tus Desireu		Fee Re	quired
City & State	9	City & State		01	6. Election Campa	gn Financing		\$5.00	May Be
23		28 Palm	1504	F	Trust Fund Cont	ribution		Added to	o Fees
Zip	Country	Zip n n n n	Country		8. This corporation	owes the cu	ırrent year Ir		_
24	25	29 349	30		Personal Proper	<u> </u>			□No
	Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
81 Name									
SPECHT, CRESCENCE K				treet Addr	ess (P.O. Box Number	is Not Accep	otable)		
14802 SETH RD					·	<u> </u>			
ORL	ANDO FL 32824		83						ŀ
			84 0	ity				85 Zip C	Code
			-	•			F	L '	
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	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	: Registered Agent sig	nature require	d when reinstating)		DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHA	NGES TO C	FFICERS A	ND DIRECTO	RS IN 12
TITLE	Р	☐ DELETE 1.11						∫ Shange	Addition
NAME	SPECHT, CRESCENCE K		1.2 NAME		con Goale	DOP 1	มนา	/	
STREET ADDRESS	P.O. BOX 593118 N/A		1.3 STREET ADI	DRESS 1	582 Em	1300	~~~	.47	
CITY-ST-ZIP	ORLANDO FL 32859	•	1.4 CITY-ST-ZII	- (-	582 Engle Palm Bal	199	324	<u>(()</u>	
TITLE			2.1 TITLE			, - ,		Change	Addition
NAME			2.2 NAME						I
STREET ADDRESS			2.3 STREET AD	DRESS					
CITY-ST-ZIP			2. 4 CITY- \$T- ZI	Р					
TITLE	☐ DELETE		3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3 3 STREET ADI	DRESS					
CITY-ST-ZIP			3.4, CITY-ST-ZI	P					
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET AD	DRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZII						
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADI	DRESS					I
CITY-ST-ZIP			5.4 CITY-ST-ZI	P					

CITY-ST-ZIP 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 opporation 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 onlyinged, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Change

Addition