SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** SECRETARY OF STATE Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS 1996 96 SEP - 9 AM 10: 15 P95000084844 (6) **DOCUMENT #** ZOE DOLLAR STORE, INC. Mailing Address Principal Place of Business 1548 N. WOODLAND BLVD: . 1548 N. WOODLAND BLVD DELAND FL 32720 DELAND FL 32720 3a. Date of Last Report 3. Date Incorporated or Qualified 11/02/<u>1995</u> Applied For 3340745 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199 032 23 Country Zip Country Yes No Zip 30 29 Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent 81 Name RENERT, NAOM! B Street Address (P.O. Box Number is Not Acceptable) 82 1548 N. WOODLAND BLVD. DELAND FL 32720 83 Zip Code 85 City 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. Thereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. (NOTE: Rog stored Agent's grature required when reinstating) SIGNATURE Signature, typoid or printed name of registered agent and title diapphilable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. NAOMI B. RENERT Blud. 1548 N. Woodland Blud. DelAND FLA 32720 DELETE 1.1 DILE CR2E034 TITLE 1.2 NAME NAME 13 STREET ADORESS STREET ADDRESS 1.4 City - ST - ZIP Change Addition DITY-ST-ZIP DELETE 2 1 11fLF 000001952890 -09/20/96--01033--022 TITLE 2 2 NAME NAME 2 3 STREET ADDRESS ****233<u>.7</u>5 STREET ADDRESS 2 4 CITY - ST - ZIP Change ____ Addition CITY-ST-ZIP DELFTE 3171111 THYLE 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CHY-ST-71P Change Addition CITY-ST-ZIP DELETE 41 THLE TITLE 4 2 NAME

STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name annears in Rock 12 or Block 13 if chapted or one an attackment with an address. that my name appears in Block

4.3 STREFT ADDRESS

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44 CITY - ST - ZIP

5.1 TIFLE

5.2 NAME

6 1 TITLE

62 NAME

DELETE

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

NAOMI K. RENENT 8.02.96 (904) 943 904 SIGNATURE: Maome Po. Renew

0010389

Change Addition

Change Addition