

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000045003 (6)

1. Corporation Name

DOLLAR STORE ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
4824 N KINGS HIGHWAY SUITE 109 FT PIERCE FL 34951 US		6086 FORREST HILL BLVD SUITE 109 WEST PALM BEACH FL 33415	
2. Principal Place of Business		2a. Mailing Address	
21		26	13829 FOLKSTONE CIRCLE
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	WELLINGTON, FLORIDA
Zip		Zip	
24		29	33414
Country		Country	
25		30	

3. Date Incorporated or Qualified	
05/28/1996	
4. FEI Number	Applied For
65-0669442	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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]* DATE: 4-20-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	DPT	1.1 TITLE	RAO JAGDISH G.
NAME	RAO, JAGDISH G	1.2 NAME	
STREET ADDRESS	6086 FORREST HILL BLVD	1.3 STREET ADDRESS	13829 FOLKSTONE CIRCLE
CITY-ST-ZIP	WEST PALM BEACH FL 33415	1.4 CITY-ST-ZIP	WELLINGTON, FL-33414
TITLE	DVS	2.1 TITLE	RAO, SUCHETA J
NAME	RAO, SUCHETA J	2.2 NAME	
STREET ADDRESS	6086 FORREST HILL BLVD	2.3 STREET ADDRESS	13829 FOLKSTONE CIRCLE
CITY-ST-ZIP	WEST PALM BEACH FL 33415	2.4 CITY-ST-ZIP	WELLINGTON, FL-33414
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 in an attachment with an address.

SIGNATURE: *[Signature]* JAGDISH RAO DATE: 4-20-98

CR2E034 (10/97)