

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000050560 (7)**

1. Corporation Name
VALUE DOLLAR, INC.

Principal Place of Business 8069 AMERICANA BLVD ORLANDO FL 32839	Mailing Address 8069 AMERICANA BLVD ORLANDO FL 32839-2176
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3. Date Incorporated or Qualified 06/10/1996		3a. Date of Last Report	
4. FEI Number 59-3375509		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip		
24 Country	29 Country		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALI, JALILA 2069 AMERICANA BLVD ORLANDO FL 32839		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: *Jalila Ali* (NOTE: Registered Agent signature required when reinstating) DATE: **4-24-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALI, JALILA	1.2 NAME	RUBINA N. MOMIN
STREET ADDRESS	2251 E SEMORAN BLVD	1.3 STREET ADDRESS	2801 N. HIAMWASSEE RD #4
CITY-ST-ZIP	APOPKA FL 32703	1.4 CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALI, AMIN M	2.2 NAME	
STREET ADDRESS	2251 E SEMORAN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 3203	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALI, NOORUDDIN	3.2 NAME	
STREET ADDRESS	2801 N. HIAMWASSEE RD #4	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALI, NOORUDDIN	4.2 NAME	
STREET ADDRESS	2801 N. HIAMWASSEE RD #4	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALI, NOORUDDIN	5.2 NAME	
STREET ADDRESS	2801 N. HIAMWASSEE RD #4	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALI, NOORUDDIN	6.2 NAME	
STREET ADDRESS	2801 N. HIAMWASSEE RD #4	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	6.4 CITY-ST-ZIP	

14. I do 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jalila Ali* (NOTE: Registered Agent signature required when reinstating) DATE: **4-24-97** 407-294-9161

CR2E034 (9/96)