, 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 # **P96000062987**1. Corporation Name

A TO Z THRIFT STORE, INC.

Principal Place	of Business	IV	alling Address			<u> </u>		
4229 WEST HALLANDALE BEACH BLVD. HALLANDALE FL 33023			4229 WEST HALLANDALE BEACH BLVD. HALLANDALE FL 33023			DO NOT WRITE IN THE	S SDACE	
			•			3 Date Incorporated or Qualifed	3 OF ACE	
						,		
						07/26/1996 4. FEI Number		plied For
Principal Pl	ace of Business	\vdash	Mailing Address			1 "	_ ; · ·	t Applicable
1			26			65-0720287	\$8.75 A	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re	
22			27					<u> </u>
City & State			City & State			6. Election Campaign Financing	\$5.00 Added to	
23		28	7			Trust Fund Contribution		51665
Žip	Country	 		country		8. This corporation owes the current year I	⊓tangible ☐ Yes	Ž(No
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registered		<u> </u>
	9. Name and Address of Current	Regi	stered Agent	81	Name	10. Name and Address of New Augisters	7 Agent	· · · ======
RICHITELLI, SCOTT				61	Name			
				82	Street Add	dress (P.O. Box Number is Not Acceptable)	7 ,	
4229 WEST HALLANDALE BEACH BLVD.				83	-			313 8414
HALLANDALE FL 33023				0.3				80 C 1
				84	City	F	85 Zip C	ode
					L			societored
11, Pursuant	to the provisions of Sections 607.0502	and I	607.1508, Florida Statutes, the	e abov zed by	e-named cor the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the app	n changing its pintment as re	gistered
office or re agent. I a	egistered agent, or both, in the State of me familiar with, and accept the obligation	ons o	f, Section 607.0505, Florida S	tatutes	i.i.c oorpora i.			·
SIGNATURE			•			· · · · · · · · · · · · · · · · · · ·		
SIGNATURE	Signature, typed or printed name of registered agent		, , , , , , , , , , , , , , , , , , ,		nt signature requi	ired when reinstating) , DATE		
12.	OFFICERS AND	DIR		13.		ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	Addition
TITLE	PD		DELETE 1	1 TITLE			☐ Change	L Addition
NAME	RICHITELLI, SCOTT		1	2 NAME			,	İ
STREET ADDRESS	THE COMPANY AND ALC DEACH DIAM				TADORESS			
CITY-ST-ZIP	HALLANDALE FL 33023		. 1	4 CITY-S	T-ZIP			
TITLE	VTD		☐ DELETE 2	1 TITLE			☐ Change	☐ Addition
NAME	RICHITELLI, YVETTE		2	.2 NAME				j
STREET ADDRESS		H B	IVD. 2	.3 STREE	T ADDRESS		•	
CITY-ST-ZIP	HALLANDALE FL 33023			4 CITY-S	ST-ZIP			
TITLE	SD			1 TITLE			Change	☐ Addition
NAME	DYNDERSKI, JENNY		3	.2 NAME				
: 1		,u e			T ADDRESS			
STREET ADDRESS		ль						
CITY-ST-ZIP	HALLANDALE FL 33023			.4. CITY -	51-ZIP		☐ Change	Addition
TITLE			- -	. 2 NAME		·		. — .
NAME					}			
STREET ADDRESS			t to the second		TADDRESS			
CITY-ST-ZIP				4 CITY-S	ST-ZIP		Change	Addition
TITLE				1 TITLE		• • •	- Sumile	
NAME				2 NAME	T DODE	•.	•	,
STREET ADDRESS					TADDRESS			-
CITY-ST-ZIP				4 CITY-5	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 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

TITLE

NAME

STREET ADDRESS

DELETE

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90057 012 ***150.00

Change

__ Addition