

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

FILED

Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000078605 (8)

1. Corporation Name
DOLLAR SHOPPES INC.

Principal Place of Business
10390 PEACHTREE CIRCLE
PALM BEACH GARDENS FL 33418

Mailing Address
10390 PEACHTREE CIRCLE
PALM BEACH GARDENS FL 33418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2601 S. Military Trail		26 2601 S. Military Trail		09/20/1996	
22 (Suite) Apt. #, etc. 14		27 (Suite) Apt. #, etc. 14		4. FEI Number APPLIED FOR 65-0695515	
23 City & State WEST PALM BEACH, FL		28 City & State WEST PALM BEACH, FL		Applied For Not Applicable	
24 Zip 33415		29 Zip 33415		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country USA		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	


9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
REDDY, RAGOTHAM 10390 PEACHTREE CIRCLE PALM BEACH GARDENS FL 33418		81 Name REDDY, RAGOTHAM	
		82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Military Trail.	
		83 # 14	
		84 City WEST PALM BEACH FL	
		85 Zip Code 33415	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDY, RAGOTHAM	1.2 NAME	
STREET ADDRESS	2601 S. MILITARY TRAIL, #14-15	1.3 STREET ADDRESS	
CITY-ST-ZIP	WPB FL 33415	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address.

SIGNATURE:  REDDY, RAGOTHAM
3/5/1998 561963-0707

CR2E034 (10/97)