


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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90065 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000021922**

1. Corporation Name
FOR TWO DOLLARS MORE, INC.

Principal Place of Business C/O BROOKLYN BOYS Diva's 610 GREEN ST KEY WEST FL 33040	Mailing Address C/O BROOKLYN BOYS 610 GREEN ST KEY WEST FL 33040
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 711 Duval Street Suite, Apt. #, etc. 22 City & State 23 Key West, FL Zip 24 33040 Country 25 USA	2a. Mailing Address 26 PO Box 462 Suite, Apt. #, etc. 27 City & State 28 Key West FL Zip 29 33041 Country 30 USA
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3. Date Incorporated or Qualified 03/04/1997	Applied For Not Applicable
4. FEI Number 65-0727539	
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 owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RAPISARDI, SALVATORE
610 GREEN STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RAPISARDI, SALVATORE	1.2 NAME	
STREET ADDRESS	610 GREEN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	TO
NAME	GORMAN, MARVIN	2.2 NAME	GORMAN MARVIN
STREET ADDRESS	3724 SUNRISE LANE	2.3 STREET ADDRESS	419 WILLIAMS ST
CITY-ST-ZIP	KEY WEST FL 33040	2.4 CITY-ST-ZIP	KEY WEST FL 33040
TITLE	SD	3.1 TITLE	SD
NAME	HUSTED, JOHN	3.2 NAME	RAPISARDI, SALVATORE
STREET ADDRESS	1301 FLAGLER AVE	3.3 STREET ADDRESS	610 GREEN ST
CITY-ST-ZIP	KEY WEST FL 33041	3.4 CITY-ST-ZIP	KEY WEST FL 33040
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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/99 **305-294-2917**

CDCE034 11/08/01