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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000031010

1. Corporation Name

CITY-ST-ZIP

DOLLAR MARKET, INC.

Principal Place	of Business	Mailing Address				Trouvel to tall the					
1500 PLACIDA I	ROAD .	1500 PLACIDA ROAD									
UNIT F-5		UNIT F-5				DO NOT WRITE IN THIS SPACE					
ENGLEWOOD FL 34223		ENGLEWOOD FL 34223				3. Date Incorporated or Qualifed					
					-	•	неа			Į.	
						04/07/1997 4. FEI Number				Applied For	
2. Principal Place of Business		2a. Mailing Address			i				<del> </del>	Not Applicable	
21		26				65-0742655			— المستون ال	Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desire	ed 🗆			Required	
22		27									
City & State		City & State				<ol> <li>Election Campaign Finance</li> <li>Trust Fund Contribution</li> </ol>	ing 🗆			O May Be	
Zip Country		Zip Country						.oor Into		34 10 1 404	
Zip	— · ·	<u> </u>	<b>-</b>	y		<ol> <li>This corporation owes the Personal Property Tax.</li> </ol>	current		lgibie □ Yes	□No	
24	9. Name and Address of Current	29 3	<u> </u>			10. Name and Address of N	ew Regi				
	s. Name and Address of Corrent	registered Agent	81	ΙN	lame	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
AME	RILAWYER CHARTERED										
343 ALMERIA AVENUE			82	e s	treet Address (P.O. Box Number is Not Acceptable)						
	AL GABLES FL 33134		83	1							
00.0			"	1							
			84	ı c	ity			FL	85 Z	ip Code	
11 Purcuent	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the abov	.L /e-na	amed corpora	ation submits this statement fo	r the purp	ose of c	1 I hanging	its registered	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was auti	nonzea ov	/ me	corporation'	's board of directors. I hereby a	ccept the	e appoint	ment as	registered	
SIGNATURE	m tarman triai, and assopt and songen										
Signature, typed or printed name of registered agent a				nature required w	vhen reinstating)		DATE				
			_	or it aigi			00000	COC AND	DIDEC	TODE IN 12	
12.	OFFICERS AND	DIRECTORS	13.	or it algi		ADDITIONS/CHANGES TO	OFFICE	ERS AND			
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<b>12.</b> ΤΠLE	OFFICERS AND PTD RIGNEY, STEPHENEY 1500 PLACIDA ROAD UNIT F-5	DIRECTORS	13. 1.1 TITLE				OFFICE	ERS AND			
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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.