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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700061669 (2)

DOLLAR STORE OF MELBOURNE, INC.

Principal Place of Business Mailing Address 5445 N.W. 1818T ST. 5445 N.W. 161ST ST. MIAMI FL 33014 MIAMI PL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1997 4. FEI Number 59 - 3456300 2. Principal Place of Business
21 1700 WES NEW HAVEN AVE. 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 Cily & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOLDMAN, SHERI 5445 N.W. 161ST ST. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33014**

			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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or proted name of registered agest and life if applicable (NOTE Registered Agent signature required when reinstating) DATE							
12,	OFFICERS AND DIRECTORS		13.	i i signatur	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO	IRS IN 12
TITLE	D		1.1 THTLE			Change	
NAME	GOLDMAN, MARTIN	Ĭ	1.2 NAME				ŀ
STREET ADDRESS	6445 N.W. 161ST ST.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33014		1,4 CITY-S	r-ZIP			i
TITLE	D	DELETE	2.1 TITLE			Change	Addition
NAME	GOLDMAN, SHERI	:	2.2 NAME				
STREET ADDRESS	544 5 N.W. 161ST ST.		2.3 STREET	ADDRESS			Į
CITY - ST - ZIP	MIAMI FL 33014		2. 4 CITY - S	T-ZIP			
TITLE	D	DELETE :	3.1 TITLE			Change	Addition
NAME	HABER, KENNETH	:	3.2 NAME				į
STREET ADDRESS	844 5 N.W. 161ST ST.	1	3.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33014		3.4. CITY - S	T-ZIP			
TITLE			4.1 THTLE		L	Change	☐ Addition
NAME			4. 2 NAME				-
STREET ADDRESS			1.3 STREET				Į.
CITY-ST-ZIP			4.4 CITY - S	I-ZIF	<u> </u>	Change	Addition
TITLE			5.1 TITLE		<u> </u>	Change	☐ Addition
NAME			5.2 NAME				!
STREET ADDRESS			5.3 STREET				- 1
CITY-ST-ZIP TITLE			5.4 CITY - S 5.1 TITLE	- ZIP	<u> </u>	Change	Addition
NAME		_	5.2 NAME			-1 numbe	
STREET ADDRESS			0.2 MANIE 6.3 STREET	ADDDEG0			ŀ
CITY-ST-ZIP			5.4 CITY - S				j
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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 eport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the dorphysalion 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, XILU (XXI

4/2/198

305-621-4416

FILED

Apr 29 1998 8:00am

Secretary of State