

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90133 029 \*\*\*150.00

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| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b>                                                                                                                           |  |
| <b>DOCUMENT # P97000061669</b><br>1. Corporation Name<br><b>DOLLAR STORE OF MELBOURNE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                           |  |
| Principal Place of Business<br>1700 W NEW HAVE AVE<br>STE 603<br>MELBOURNE FL 32901<br>US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Mailing Address<br>5445 N.W. 181ST ST.<br>MIAMI FL 33014                                                                                                                                                                                                                                                                                  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country                                                                                                                                                                                                                                                        |  |
| 9. Name and Address of Current Registered Agent<br><b>GOLDMAN, SHERI</b><br><b>5445 N.W. 181ST ST.</b><br><b>MIAMI FL 33014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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.<br>SIGNATURE <i>Sheri Goldman</i> OFFICER <i>Shen</i> DATE <i>3/22/99</i><br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when administering)</small> |  |                                                                                                                                                                                                                                                                                                                                           |  |
| 12. OFFICERS AND DIRECTORS<br><input type="checkbox"/> DELETE<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME                                                                                                                                                                                                                                                                                                                                        |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>PRESIDENT<br>KENNETH HABER<br>5445 N.W. 181ST ST.<br>MIAMI FL 33014<br>V PRES<br>MARTIN GOLDMAN<br>5445 N.W. 181ST ST.<br>MIAMI FL 33014<br>SECRETARY<br>SHERI GOLDMAN<br>5445 N.W. 181ST ST.<br>MIAMI FL 33014 |  |



DO NOT WRITE IN THIS SPACE

|                                                                                                                                      |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>07/14/1997</b>                                                                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 4. FEI Number<br><b>59-3456300</b>                                                                                                   |                                                        |
| 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 type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

CR2E034 (11/98)

14. *Sheri Goldman* OFFICER *Shen* 4/7/99  
 dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame. The Department of State will administratively cancel the report and the report will be considered not filed. The Department of State will not be responsible for the cancellation of the report.