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



FLORIDA DEPARTMENT OF STATE

Katherine Harris

	RATION REPORT 99		e Harris	May 17, 199 Secretary	of State
DOCUMENT # P9700084871 1. Corporation Name DOLLAR DREAMS, INC. Principal Place of Business 6901 W. OKEECHOBEE BLVD. C-15 WEST PALM BEACH FL 33411 Mailing Address 6901 W. OKEECHOBEE BLVD. C-15 WEST PALM BEACH FL 33411				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/01/1997 Applied For	
		2a. Mailing Address		4. FE) Number	Not Applicable
2. Principal Place of Business		26		65-0811714	\$8.75 Additional
21		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.		27		6. Election Campaign Financing	\$5.00 May Be Added to Fees
City & State		City & State		Trust Fund Contribution	
23			Country	8. This corporation owes the current y	ear intangible Ves No
Zip	Country	29	30	Personal Property Tax. 10. Name and Address of New Regis	stered Agent
24	9. Name and Address of Curren	nt Registered Agent	81 Name	A 2 MOHAM NEA dress (P.O. Box Number is Not Acceptable)	
11. Pursuant to office or reagent. I am	by the provisions of Sections 607.05 gistered agent, or both, in the State of American With, and accept the oblight of the Company of the Com	gations of, Section Co.	tutes, the above-named or sauthorized by the corporation of the corpor	PALM BEACH proporation submits this statement for the pur ation's board of directors. I hereby accept the puried when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
3IGNATOTIE 1	Signature typed or printed name of registered as	AND DIRECTORS	13		Change Li Addition 3
12. TITLE NAME	P MCCANN, KEVIN J 6901 W OKEECHOBEE BLVD	DELETE	1.3 STREET ADDRESS	MAZI, MOHAMMED MBI W. OKEE CHOBEE W. PALM BEACH, FI 33	4/1 Change Addition
STREET ADDRESS	W PALM BEACH FL 33411		1.4 CITY-ST-ZIP 2.1 TITLE	With the	☐ Change ☐ Addition
CITY-ST-ZIP TITLE		DELETE	2.2 NAME		\[\]
NAME			2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP		DELET	E 3.1 TITLE		
TITLE			3.2 NAME		}
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4. C(TY-ST-ZIP TE 4.1 TITLE		☐ Change ☐ Addition
TITLE		DELET	4.2 NAME		
NAME	, , ,		4.3 STREET ADDRESS		
STREET ADDRESS	s		4.4 CITY+ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP	 	☐ DELE		1	
ππΕ			5.2 NAME	.}	
NAME			5.3 STREET ADDRESS	'	
STREET ADDRES	SS		5.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP		→ [] DELE	6.2 NAME		
NAME)		6.3 STREET ADDRES	s	
STREET ADDRES	SSI		6.4 CITY-ST-ZIP		I further certify that the information

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 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 indicated on this annual report or supplemental annual report or supplemental annual report as required by Chapter 607. Florida Statutes; and that my name appears in 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 13 if changed, or on an attachment with an address, with all other like empowered.

Ones 5-26-99 561-712-031

FILED