PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800006217

HOLLYWOOD DOLLAR STORE, INC.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90064 021 ***150.00



Mailing Address Principal Place of Business 1545-49 SOUTH CONGRESS AVE. 1545-49 SOUTH CONGRESS AVE. 1..... DO NOT WRITE IN THIS SPACE DELRAY BEACH FL 33445-6325 . · · ŧ DELRAY BEACH FL 33445-6325 3. Date Incorporated or Qualifed 01/20/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0814657 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Country Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TEJANI, JITIN 82 Street Address (P.O. Box Number is Not Acceptable) 1545-49 SOUTH CONGRESS AVE. DELRAY BEACH FL 33445-6325 83 t. . 84 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE NAME TEJANI, JITIN 1.2 NAME 1545-49 SOUTH CONGRESS AVE. STREET ADDRESS 1.3 STREET ADDRESS DELRAY BEACH FL 33445-6325 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition [] DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition ☐ Change [] DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TEVANI 01/5/1999 561-276-

CR2E034 (11/98)