Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90069 046 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800031632

1. Corporation ONE DO	LLAR MASTER, INC.	001002				
Principal Place of Business Mailing Address					1 (86) 106 (818) 18111 261(1 82)(1 83)(1 83)(1 83)	•
4451 72ND AVENUE NORTH 4451 72ND AVENUE NORTH						
PINELLAS PARK FL 34665 PINELLAS PARK FL 34665					DO NOT WOITE IN THE COACE	
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	<del></del> -1
					04/03/1998	
Principal Place of Business     2a. Mailing Address				-	4. FEI Number Applied For	.
1					59-35053/9 Not Applicable	le
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional	
27					5. Certificate of Status Desired Fee Required	ᆜ
City & State City & State					6. Election Campaign Financing \$5.00 May Be	- 1
23		28		_	Trust Fund Contribution Added to Fees	4
Zip 24	Country Zip Country 25 29 30			y	This corporation owes the current year Intangiole     Personal Property Tax.	
	9. Name and Address of Curren				10. Name and Address of New Registered Agent	$\Box$
			8	1 Name		]
KIM, BONG J			8:	2 Street Add	fress (P.O. Box Number is Not Acceptable)	ㅋ
4451 72ND AVENUE NORTH			"		,	
PINELLAS PARK FL 34665			8	3		
			84	4 City	FL 85 Zip Code	ᅱ
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid	norized by la Statute	y the corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered ager		<u> </u>	ent signature require	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\dashv$
12.		ID DIRECTORS	13.	<del>-  </del>	Change Addit	tion
TITLE	_		1.2 NAME			
NAME	Tilli, Botto ont			ET ADDRESS		-
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CITY-ST-ZIP			2.1 TITLE	~	☐ Change ☐ Addit	ion
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			2.4 CITY	ì		Ì
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addit	tion
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STREET ADDRESS			3.3 STRE	ET ADDRESS		
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TITLE		☐ DELETE	6.1 TITLE		Change Addit	ΠΟΠ
MARKE	I		6.2 NAME	E I		

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS