PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherinë Harris **

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address
5445 NORTHWEST 161ST STREET MIAMI FL 33014	5445 NORTHWEST 161ST STREET MIANG FL 33014

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

03-02-1999 90004 014 ***150.00

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DOCUMENT # P9800090837 1. Corporation Name DOLLAR STAR OF JACKSONVILLE, INC.											
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MIAMI FL 3301		MIAMI FL 33014					DO NOT WRITE IN THIS SPACE				
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							10/22/1998	•			
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22	•	27					5. Certificate of Status Desired		. Fee I	Required	
	City & State City & State						6. Election Campaign Financin	9 🗆		May Be	
23		28					Trust Fund Contribution			d to Fees	
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24	25	29 31	0	1			10. Name and Address of New				⊣
	9. Name and Address of Current	Registered Agent		81	Name		TV. Maille alka Addiese of Nee	r regions	- Too rigonii		
GOL	DMAN, SHERIMS.			Ш							4
5445	NORTHWEST 161ST STREET			82	Street	Addres	ss (P.O. Box Number is Not Accept	(abie)			İ
MIAN	M FL 33014			83			······				7
									Tes 7:	Code	-
				84	City			ı	FL 85 ^{Zi}	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the a	bove	named	corpor	ation submits this statement for the	e purpos	e of changing i	ts registered	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familier with, and accept the obligation	f Florida. Such change was auth ons of Section 607,0505. Florida	iorizeo a Stat	d by i utes.	the corp	oration	's board of directors, I hereby acc	ebr me st	ppointment as	a Sista a c	1
	131 Identification weeks, dispersion of the configuration of the configu								_		1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gisland	Agen	l signature	equired v	when reinstating)	DATE		ODD 111 40	⊣ જ્ર
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO C	FFICERS	S AND DIRECT		SRZE034 (11/98)
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NAME	GOLDMAN, SHERRI		32 NAME								
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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 report or supplemental approach provide and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the conforation or the receiter 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 attacting with an address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR