PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000092978

1. Corporation Name

DOLLAR MART PLUS 2, INC.

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90195 010 ***150.00

Principal Place of Business Mailing Address									-
1899 NORTH PINE ISLAND ROAD 1899 NORTH PINE ISLAND F			ROAD						
PLANTATION FL 33322 PLANTATION FL 33322					1	DO NOT WOITE IN THE CRACE			
					2 Data la	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
							l)
3 Dringing D	face of Business			4. FEI Nui	/1998		T TAN	olied For	
	lace of business	2a. Mailing Address			- Ca.	-354 277	3	—	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				<u> </u>		8.75 A	
-		27			5. Certifca	ite of Status Desired		Fee Red	
22 City & Stat	Α		City & State			Compaign Financing		\$5.00	
23		28				n Campaign Financing und Contribution		Added to	*
Zip	Country		Zip Country				rent vear Intanci		71 000
24	25 29 30			•	8. This corporation owes the current year Intangible Personal Property Tax. Let Yes [] No				
24	9. Name and Address of Curren		- 			and Address of New			
			8	1 Name /	11	. <u>01 11 m</u>			
AMERILAWYER				<u> </u>	hristin		CPA		
343 ALMERIA AVENUE				2 Street Ac	ddress (P.O. Box	Number is Not Accept	Lnad		
CORAL GABLES FL 33134			8	3		عن دېمانۍ د	2044		
				`\	<u>Suite</u>	3-03-			
			8	4 City T	>	Tanala	FL 8	5 Zip C	ode
44 5	to the provisions of Sections 607.0502	and CO7 1500 Florida Ctatuta)	1 1	compan	D Deach) 2 ;	registered
office or n	egistered agent, or both, in the State (if Florida. Such change was au	thorized b	v the corpora	ation's board of d	rectors. I hereby acce	pt the appointme	ent as reg	istered
agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	mustre M.					4-8-4	<u> </u>	\	
				ent signature requ	uired when reinstating)	NS/CHANGES TO OF	EICEDS AND D	IPECTO	25 IN 12
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STREET ADDRESS				ET ADDRESS					Ì
CITY-ST-ZIP			6.4 CITY-		- 				
44 I bosoby s	ertify that the information supplied wit	h this filing dose not qualify for	the event	stion stated in	n Section 119 076	(3Vi) Florida Statutes	I further certify t	hat the in	tormation

indicated on this annual report or supplied with an simply does not quality for the exemption stated in Section 19.07(3)(i), Florida Statutes. In time certify that it 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.

SIGNATURE:

x = 10

Daytime Phone #