FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V13311** **(8)**

1. Corporation Name

THE DOLLAR STORE, INC.

Principal Place of Business

1801 PALM BEACH LAKES BLVD
~~#504~~
W PALM BEACH FL 33401
US

Mailing Address

~~16502 NW 54 AVE~~
MIAMI LAKES FL 33014-6113
US

2. Principal Place of Business
21 1801 Palm Beach Lakes Blvd
Suite, Apt. #, etc.
22 # 116
City & State
23 W. Palm Beach Fl.
Zip 24 33401
Country 25 U.S.A.

2a. Mailing Address
26 5445 N.W. 161st St.
Suite, Apt. #, etc.
27
City & State
28 Miami Lakes
Zip 29 33014
Country 30 U.S.A.

3. Date Incorporated or Qualified: 02/12/1992
3a. Date of Last Report: 04/03/1995
4. FEI Number: 65-0311607 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

LEVINSON, EDWARD E.
407 LINCOLN ROAD
PENTHOUSE SOUTHEAST
MIAMI BEACH FL 33139

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HABER, KENNETH	
STREET ADDRESS	16502 N.W. 54TH AVENUE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	☐ DELETE
NAME	GOLDMAN, MARTIN	
STREET ADDRESS	16502 N.W. 54TH AVENUE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	☐ DELETE
NAME	GOLDMAN, SHERI	
STREET ADDRESS	12980 CORONADO TERRACE	
CITY-ST-ZIP	N. MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Sheri Goldman — 4/10/96 — 305 891-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone