

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V13311** (8)

1. Corporation Name
THE DOLLAR STORE, INC.

Principal Place of Business
**1801 PALM BEACH LAKES BLVD
#116
W PALM BEACH FL 33401
US**

Mailing Address
**5445 NW 161ST STREET
MIAMI LAKES FL 33014-6124
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1992		3a. Date of Last Report 04/15/1996	
21		26		4. FEI Number 65-0311607		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 **GOLDMAN, SHERI**
82 Street Address (P.O. Box Number is Not Acceptable)
5445 N.W. 161ST STREET
83
84 City **MIAMI** FL 85 Zip Code **33014**

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 *Sherr Goldman*
Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABER, KENNETH	1.2 NAME	
STREET ADDRESS	16502 N.W. 54TH AVENUE	1.3 STREET ADDRESS	5445 N.W. 161ST STREET
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	MIAMI FL 33014
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, MARTIN	2.2 NAME	
STREET ADDRESS	16502 N.W. 54TH AVENUE	2.3 STREET ADDRESS	5445 N.W. 161ST STREET
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	MIAMI FL 33014
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, SHERI	3.2 NAME	
STREET ADDRESS	12080 CORONADO TERRACE	3.3 STREET ADDRESS	5445 N.W. 161ST STREET
CITY-ST-ZIP	N. MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33014
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Sherr Goldman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 305-621-4464
Date Daytime Phone #