

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # 826628 (0)
 1. Corporation Name
BAG SPECIALIST, INC.



Principal Place of Business 2360 N.W. 150 STREET OPALOCKA FL 33054	Mailing Address 2360 N.W. 150 STREET OPALOCKA FL 33054
----------------------------------------------------------------------------------	----------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/17/1971		4. FEI Number 22-1739296		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	5. Certificate of Status Desired 22 <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution 28 <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STAHL, HARVEY 2360 N.W. 150TH STREET OPA LOCKA FL 33054				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: *Harvey Stahl* DATE: **4/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAHL, HARVEY	1.2 NAME	
STREET ADDRESS	2360 N.W. 150TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRANSER, RICHARD	2.2 NAME	KRANSER, RICHARD
STREET ADDRESS	2360 N.W. 150TH STREET	2.3 STREET ADDRESS	2360 N.W. 150TH ST
CITY-ST-ZIP	OPA LOCKA FL	2.4 CITY-ST-ZIP	OPA LOCKA FL
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARTEL, ALFRED	3.2 NAME	
STREET ADDRESS	2360 N.W. 150TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	3.4 CITY-ST-ZIP	
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 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: *Harvey Stahl* DATE: **4/30/98** 273-481-2100

CR2E034 (10/97)