

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

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V05822** (4)  
1. Corporation Name  
**BARGAIN SHOP INC.**



Principal Place of Business  
**17 N FLAGLER AVE  
HOMESTEAD FL 33030  
US**

Mailing Address  
**542 N.W. 13 STREET  
HOMESTEAD FL 33030-4236  
US**

*New Address*

3. Date Incorporated or Qualified <b>01/10/1992</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>65-0305731</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>SAME</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>25001 S.W. 189 AVE.</b> Suite, Apt. #, etc.
22 City & State	27 City & State <b>HOMESTEAD, FLORIDA</b>
23 Zip <b>33031</b>	28 Zip <b>33031</b>
24 Country <b>US</b>	29 Country <b>U.S.A.</b>

9. Name and Address of Current Registered Agent  
**NORRITO, FRANCESCO  
542 NW 13TH ST  
HOMESTEAD FL 33030**

81 Name <b>FRANCESCO NORRITO</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>25001 S.W. 189 AVE.</b>
83
84 City <b>HOMESTEAD</b>
85 Zip Code <b>FL 33031</b>

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DP NORRITO, FRANCESCO</b>
STREET ADDRESS	<b>542 NW 13TH STREET</b>
CITY - ST - ZIP	<b>HOMESTEAD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DP FRANCESCO NORRITO</b>
1.3 STREET ADDRESS	<b>25001 S.W. 189 AVE.</b>
1.4 CITY - ST - ZIP	<b>HOMESTEAD, FLORIDA 33031</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Francesco J. Norrito* 2/6/97 (305) 246-2504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)