PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90048 037 ***150.00

DOCUMENT # 502114 RIVERVIEW BARGAIN CENTER, INC. Principal Place of Business Mailing Address 401 N. 22ND STREET 401 N. 22ND STREET TAMPA FL 33605 TAMPA FL 33605 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/28/1976 2a. Mailing Address Applied For 2. Principal Place of Business FEI Number 59-1725624 Not Applicable 26 21 \$8.75 Additional Suite.: Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 Country This corporation owes the current year Intangible Zip Zip Country □No ☐ Yes 30 Personal Property Tax. 29 25 24 g, Name and Address of Current Registered Agent Name and Address of New Registered Agent CASTELLANO, SAM 82 Street Address (P.O. Box Number is Not Acceptable) 407 N. 22ND ST. TAMPA FL 33605 Zip Code City 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 507.0505, Florida Statutes. SIGNATURE stered Agent signature rec ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. □ nei ete 1.1 TIRE TITLE CR2E034 CASTELLANO, SAM 1 2 NAME NAME 6202 36TH AVENUE SOUTH 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME CASTELLANO, JOHN B. NAME 102 RONELE DRIVE 2.3 STREET ADDRESS STREET ADDRESS BRANDON FL 2.4 C/TY-ST-ZIP CITY-ST-ZN Addition Change ☐ DELETE 3.1 TITLE STD TITLE 3.2 NAME CASTELLANO, MARY 401 N. 22ND ST. 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 4.1 TITLE MLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADORES AA CITY-ST-ZIP CITY-ST-ZIP. Change Addition D OFLETE TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE Change * DELETE TITLE 6.2 NAME NAME 8.3 STREET ADORES STREET ADDRES SACITY-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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or mystee 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 director with an address, with all other like empowered.

SIGNATURE:

TUBE AND TYPED ON PRINTED HAME OF SIGNING OFFICER OF

4/6/99 2

(813)247-5491