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Jan 29, 1999 8:00am
Secretary of State

031126

PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F88400
1. Corporation Name
BUILDERS BARGAIN SURPLUS, INC.

01-29-1999 90008 034 ****158.75



Principal Place of Business
3045 NE 12TH TERR
OAKLAND PARK FL 33334
US

Mailing Address
3045 NE 12TH TERR
OAKLAND PARK FL 33334
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21, 22, 23, 24
2a. Mailing Address
26, 27, 28, 29, 30

3. Date Incorporated or Qualified
07/22/1982
4. FEI Number
59-2809369
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax.

9. Name and Address of Current Registered Agent
MUENZENMAIES, WILLIAM C
3045 NE 12TH TERRACE
OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
MUENZENMAIER, WILLIAM C
6270 NW 18 PLACE
SUNRISE FL
VS
MUENZENMAIER, JANICE M.
6270 NW 18 PLACE
SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP
6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 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, upon an attachment with an address, with all other like empowered.

SIGNATURE
SIGNED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #