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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

121

FILED Mar 31 1998 8:00am Secretary of State

LASIC	CHANCE THRIFT STORES,	INC.				
Principal Plac	e of Business	Mailing Address		1 hademan Erem Militi comes immes emates such	i Atmit Alasi minis Admit bemit diber	FØRI
		36500 U.S. HWY. 19 N. PALM HARBOR FL 34684	i.	DO NOT WRITE	IN THIS SPACE	
				3. Date incorporated or Qualified		
				07/18/1985		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied	For
21		26		59-2596380	Not App	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			60.75	
22		27		5. Certificate of Status Desired	Fee Require	đ
City & Stat	€	City & State		6. Election Campaign Financing	\$5.00 May	Be
23		28		Trust Fund Contribution	Added to Fee	
Zip	Country	Zip	Country	8. This corporation owes or has paid	d the current year Intancib	le
24	25	29	30	Personal Property Tax due June :		
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Rec	gistered Agent	
TU	LLIS, WILLIAM R.		81 Name			
	500 U.S. HWY. 19 N.		82 Street Add	Iress (P.O. Box Number is Not Acceptable	(a)	
	LM HARBOR FL 34684		Stibble Add	ress (r.O. Box Halifider is 140t Acceptable	10)	
• • • • • • • • • • • • • • • • • • • •			83			
			_ _			
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	es, the above-named corr	poration submits this statement for the pr	urpose of changing its regi	stered
office or r	egistered agent, or both, in the Stat	le of Florida. Such change was a	authorized by the corpora	tion's board of directors. I hereby accept	t the appointment as regist	ered
				mone beard or an actional tribines, decep		
agent. i a	in lamiliar with, and accept the obig	gations of, Section 607.0505, Flo	orida Statutes.	poration submits this statement for the purion's board of directors. I hereby accept		.0100
agent. i a SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered as	gent and little if applicable (NOT)	E: Registered Agent signature requ	irad when reinstaling)	DATE	
SIGNATURE	Signature, typed or printed name of registered at OFFICERS AF	gent and title if applicable (NOT)	E: Registered Agent signature requ		DATE ERS AND DIRECTORS IN	12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered at OFFICERS AF	gent and little if applicable (NOT)	E: Registered Agent signature required 13.	irad when reinstaling)	DATE ERS AND DIRECTORS IN	
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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: