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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H93005

Principal Place of Business

BARGAIN FINDER MAGAZINE, INC.

13825 US 19					DO NOT WRITE IN THIS SPACE		
SUITE 301 HUDSON FL 3 HUDSON FL 34667 US		HUDSON FL 34674-5593					
US 00					3. Date Incorporated or Qualifed		
•	•				12/30/1985	.	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 26		26			59-2645436	Not Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		_	\$8.75 Additional	
22		27		5. Certifcate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
	Zip Country Zip		Country		8. This corporation owes the current year Int	angible	
24	25 29 30		.	Personal Property Tax. ☐ Yes ☐ No			
24	9. Name and Address of Current	<u> </u>	<u> </u>		10. Name and Address of New Registered	Agent	
	1775		81	Name			
ERIC BRANCH			-	92 Chrost Address /D.O. Pay Number is Not Acceptable)			
13825 U.S. 19, STE.301			82 Street Address (P.O. Box Number is Not Acceptable)				
HUDSON FL 34667			83		· 1000 - 1000 (1) 1000 (1)	(2) 開門 [4] 開 [6]	
			_			85 Zip Code	
		•	84	City	FL	85 Zip Code	
44 Direction	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes.	the abov	J. e-named	d corporation submits this statement for the purpose of	changing its registered	
	egistered agent, or both, in the State of m familiar with, and accept the obligation				poration's board of directors. I hereby accept the appoi	ntment as registered	
ಚಿಲ್ಲ agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0000, Florid	a Statutes	••		' [
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE							
12. OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		39 7/33 ()	☐ Change ☐ Addition	
NAME	BRANCH, ERIC		1.2 NAME				
STREET ADDRESS	13825 U.S. 19. STE. 301		1.3 STREE	T ADDRESS			
	HUDSON FL		1.4 CITY-5			\$	
CITY-ST-ZIP	SD	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
]	BRANCH, CARON A.	— •	2.2 NAME		·		
NAME				T ADDRESS			
STREET ADDRESS	13825 U.S. 19, STE.301		1		'		
CITY-ST-ZIP	HUDSON FL	□ DELETE	2. 4 CITY-	\$1-ZIP		Change Addition	
TITLE FEQ.(1)	18-03		3.1 TITLE				
NAME			3.2 NAME				
STREET ADDRESS	SMET MARY			T ADDRESS			
CITY-ST-ZIP	**************************************		3.4. CITY-	ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change:	
TITLE		☐ DELETE	4.1 TITLE			1 Grange. 2 - G Addition	
NAME		F 6 90 YES	4. 2 NAME		·		
STREET ADDRESS		PO BOST CONTRACTOR	4.3 STREE	T ADDRESS	;		
CITY ST-ZIP	177	1€	4,4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME		· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS		÷	5.3 STREE	T ADDRESS	s ·		
CITY-ST-ZIP	P.D.		5.4 CITY-5	ST-ZIP			
TITLE	FOR ICE OF T	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME	15-60 CA 18-10-1	_	6.2 NAME				
NAME	PARAGASTA		63 STREE	TADDRESS			

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, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Feb 05, 1999 8:00am

Secretary of State

02-05-1999 90012 019 ***150.00