

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J51512** (8)
1. Corporation Name
SURPLUS SHOP, INC.

Principal Place of Business 10121 SE US HWY 441 BELLEVIEW FL 34420 US	Mailing Address 10121 SE US HWY 441 BELLEVIEW FL 34420 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1987	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 59-2755823	Applied For Not Applicable
22 City & State	27	28 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent HARRELL, PAMELA 1951 SE 88TH ST. OCALA FL 34480				10. Name and Address of New Registered Agent	
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.				81 Name	
SIGNATURE				82 Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				83	
DATE				84 City	
12. OFFICERS AND DIRECTORS				85 Zip Code	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
CP	HARRELL, PAMELA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
10121 SE HWY 441		1.3 STREET ADDRESS	
BELLEVIEW FL 34420		1.4 CITY - ST - ZIP	
VST	LITT, PEGGY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
10121 SE HWY 441		2.1 TITLE	
BELLEVIEW FL 34420		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, or on an attachment with an address.

SIGNATURE: *Peggy Litt* *Peggy Litt* *3-6-98 352-245-4640*

CR2E034 (10/97)