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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90052 021 ***150.00

DOCUMENT # M00238	
Corporation Name	
DAVE'S BARGAIN CENTER, INC.	Y
DAVE O DANGAIN CENTER, INC.	
	\$ 1000 PARK IN PARK AREA OF THE STATE OF THE
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DAVE'S I	Bargain Center, Inc.									
Principal Place	of Business	Mailing Address				f (faiss hi shi aa hii fa it a m ada)	iildi ilii man s		IEI Aint Isai	
Principal Place of Business Mailing Address 777 NW 72 ST 7748 NW 64 ST #1AA30 MIAMI FL 33166 US						DO NOT WR	TE IN THIS	SPACE_		
US	•					 Date Incorporated or Qualified 05/04/1984 				
2. Principal Pla	ace of Business	2a. Mailing Address				4, FEI Number		Apr	olied For	
21 26 26					- 1	59-2413668 Not Applica			Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				_ \$8.7		\$8.75 A	dditional	
22		27			İ	5. Certificate of Status Desired		Fee Re	quired	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	=
23		28				Trust Fund Contribution	<u> </u>	Added to	o Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the cur	rent year Int	angible	_	
24	25		30			Personal Property Tax.			□No	
	9. Name and Address of Curren	t Registered Agent	}	1		10. Name and Address of New	Registered	Agent		
1.014	E 04/40 00/40E			81 Nam	e					
	E, DAVID BRUCE		ŀ	82 Stree	et Address	s (P.O. Box Number is Not Accept	able)			
	NW 64TH ST		Ì							
MIAN	11 FL 33166			83						
			İ	84 City			FL	85 Zip C	Code	
11. Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the at	ove-name	ed corpora	ation submits this statement for the	purpose of	changing its	registered	
SIGNATURE	" Wank	110mz _	itnorized ida Statu	ites.		ation submits this statement for the s board of directors. I hereby acce	A DATE	99		
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE:	ida Statu	ites.		hen reinstating)	DATE.	77		í
SIGNATURE 3	Signature, typed or printed name of registered agen OFFICERS AN	110mz _	itnorized ida Statu	Dy the collines. Agent signatur			DATE.	77		
SIGNATURE 3	Signature, typed or printed name of registered agent OFFICERS AN	it and title if applicable. (NOTE: D DIRECTORS	Registered	Agent signatur		hen reinstating)	DATE.	D DIRECTO	RS IN 12	
SIGNATURE 3	Signature, typed or printed name of registered agen OFFICERS AN PD LOWE, DAVID B.	it and title if applicable. (NOTE: D DIRECTORS	Registered 13.	Agent signatur	re required wh	hen reinstating)	DATE.	D DIRECTO	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD LOWE, DAVID B. 7748 NW 64TH ST	it and title if applicable. (NOTE: D DIRECTORS	Registered 1.1 TIT 1.2 NA	Agent signatur LE ME REET AODRES	re required wh	hen reinstating)	DATE.	D DIRECTO	RS IN 12	
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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 of 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 changes of on an attachment with an address, with all other like empowered.

SIGNATURE: