FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 08 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P95000061499 (6) FAIR PRICE USA, INC. Principal Place of Business Mailing Address 136 MAIN AVE 3301 PELL MELL DRIVE **GROVELAND FL 34736** ORLANDO FL 32818 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/09/1995 02/02/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-3330230 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Ee 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE 62 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City 85 Zip Code 11. Pursuant to the provisions of Soctions 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. TO WHOM IT MAY CONCERN, I DID NOT RECEIVE ANY SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered RECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. (4/97 DELETE Addition PTD 1.1 T(TL TITLE ANGARD, DAVE B 1.2 NAN NAME CORRESPONDENCE PREVIOUS 23 THILL TO THIS. WHY AM I
22 NAM
23 STRE PENALIZE FOR \$\frac{3}{3}\text{85.00}\$

24 CITY
31 THILE
32 NAMI
3.3 STRE! ** P.S. I AM FROM CANADA.

34 CITY OF AM SOLUTION OF AMADA. 3301 PELL MELL DRIVE STREET ADDRESS 1.3 STR ORLANDO FL 32818 CITY-ST-ZIP DELETE Change Addition TITLE NAME ANGARD, MAUREEN 3301 PELL MELL DRIVE STREET ADDRESS ORLANDO FL 32818 CITY-ST-ZIP DELETE Addition TITLE NAME STREET ADDRESS AND ABOUT TO CLOSE. CITY-ST-ZIP 3.4. ČITY DELETE Addition TITLE 4.1 TITLE hange NAMÉ 4. 2 NAM STREET ADDRESS 4.3 STREE CITY-ST-ZIP 4.4 CITY-51-78 DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE

14. I do 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 ennual 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.

SIGNATIDE:

**DATE: **DAT

6.3 STREET ADDRESS

62 NAME

NAME STREET ADDRESS