FILED

Sep 09 1998 8:00am

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CORPORATION ANNUAL REPORT

CITY-\$1-ZIP

SIGNATURE:

14. I hereby certify that the information supplied with this filin indicated on this annual report or supplemental sounal an officer or director of the corporation on the feedver in Block 12 or Block 13 if changes or on anystachmen

FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State

Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name P96000012744 (4) BIG 7 STORE, INC. Principal Place of Business Mailing Address 929 72ND ST N 929 72ND ST N ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/09/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0640853 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ASLAN, GABRIEL 113 CYPRESS CT Street Address (P.O. Box Number is Not Acceptable) OLDSMAR FL 34677 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 Signature, typed or printed name of registered agent and title If applicable (NOTE: Registered Agent signature required when reinstating) (2/38)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE Change Addition __ DELETE CR2E034 ASLAN, GABRIEL NAME 1.2 NAME 113 CYPRESS ST. STREET ADDRESS 1.3 STREET ADDRESS OLDSMAR FL 34677 CITY-ST-ZIP 1.4 CITY-ST-ZIP 21 TITLE TITLE DELETE Change Addition ASLAN. GABRIEL. NAME 2.2 NAME 929. 72.nd. ST.NO STREET ADDRESS 2.3 STREET ADDRESS 8T. PETC. FL. 337/0 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE Change Addition DELETE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE ___ Change ___ Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE ___ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5 4 CITY-ST-ZIP 6.1 TITLE TITLE DELETE 600002636446°° -03/11/98--01036--017 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS ***550.00

6.4 CITY-ST-ZIP

does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears with an address.

8. 26- 98