


**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90017 015 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000073208**

1. Corporation Name

**VETERANS THRIFT CENTER, INC.**

Principal Place of Business

4281 N DIXIE HWY  
OAKLAND PARK FL 33334

Mailing Address

4281 N DIXIE HWY  
OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1751 C S. DIXIE HWY		26 1751 C S. DIXIE HWY		08/29/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0763316	
City & State		City & State		Applied For	
23 POMPANO BEACH FL		28 POMPANO BEACH FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33060-8931		29 33060-8931		X \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution	
				7. \$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible	
				Personal Property Tax	
				Yes No	

9. Name and Address of Current Registered Agent

BARGER, JEANNE  
4281 N DIXIE HWY  
OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent

81 Name	BARGER JEANNE
82 Street Address (P.O. Box Number is Not Acceptable)	1751 C S. DIXIE HWY
83	
84 City	POMPANO BEACH
85 Zip Code	FL 33060

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 JEANNE BARGER, PRESIDENT JEANNE BARGER 3-8-99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BARGER, JEANNE	1.2 NAME	BARGER, JEANNE
STREET ADDRESS	4281 N DIXIE HWY	1.3 STREET ADDRESS	1751 C S. DIXIE HWY
CITY-ST-ZIP	OAKLAND PARK FL 33334	1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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.

SIGNATURE: JEANNE BARGER, PRESIDENT 4-1-99 954-56-8780  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)