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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLOHIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000098077 (6)

BARGAIN DOLLAR, INC.

**FILED** Feb 10 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address				T HODINGAL HAR HOURD DINN BONK ODER BONK GOVER HOUEL HOUEL HOUR HOUR HOUR			
	ILLSBOROUGH AVENUE. #1337	5701 EAST HILLSBOROUGH AVENUE, #1337			1337				
TAMPA FL 33610		TAMPA FL 33610				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						12/01/1996			
2, Principal P	lace of Business	2a. Mailing Address				4, FEI Number	A	pplied For	
21		26				<b>59-3415117</b> Not Appli		ot Applicable	
Suite, Apt.	#, etc.	Stiffe, Apt. #, etc.				5. Certificate of Status Desired	<b>*</b>	Additional	
22		27						equired	
City & State	o	City & State				6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution			
Zip Country		Zip Country				Trust Fund Contribution			
24	<b>25</b>	29	30	y		8. This corporation owes or has paid the curr Personal Property Tax due June 30.		tangible No	
24]	g. Name and Address of Curre	and the second s	30]			10. Name and Address of New Registered A		<del></del>	
VI	MI HUI		81	iΤ	Name			~ ~	
	)1 EAST HILLSBOROUGH AVEN	IIF #1997	82		Creat Ada	dress (P.O. Box Number is Not Acceptable)			
	MPA FL 33610	OL: WIGG!	04	١.	Street Add	dress (P.O. Box Number is Not Acceptable)		İ	
174	W 7 1 2 000 10		83	3	~ <del>* · · · • · · · · · · · · · · · · · · · </del>				
			84		City		DE Zio	Code	
					•	FL	1   '		
11. Pursuant	to the provisions of Sections 607 050	12 and 607.1508. Florida Stalute	s, the abov	ve-	named cor	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	changing i	its registered	
agent la	egistered agent, or both, in the state m familiar with, and accript the oblig	ations of, Section 607.0505, Flo	iumonzea b rida Statute	9Ş.	the corpora	ation's board of directors. Thereby accept the appoint	onument as	registered	
SIGNATURE									
	Signature, typed or pented name of registered as			genl	I signature requ	uired when rainstating) DATE	D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.		
12. TITLE	OFFICERS AN	DELETE DELETE	13.		—	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
NAME	YI. MI HUI	otten	1.2 NAME						
STREET ADDRESS	5701 EAST HILLSBOROUGH	AV/ENLIE #1227	1.3 STREE		NO DECC				
CITY-ST-ZIP	TAMPA FL 33810	MAELIOE! # 1991	1.4 CITY-					İ	
TITLE	TAMIFA TE SSOTO	DELETE	2.1 11fLE		- 211		Change	Addition	
NAME		_	2.2 NAME		1		·		
STREET ADDRESS			2.3 STREE		ADDRESS				
CITY-ST-ZIP			2. 4 CITY-						
TITLE		DELETE	3.1 TITLE				☐ Change	☐ Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	ET A	ODRESS			į	
CITY-ST-ZIP			3 4. CITY-	- ST	-ZIP				
TITLE		☐ DELETE	4.1 TiTLE				Change	Addition	
NAME			4. 2 NAM	E					
STREET ADDRESS			4.3 STREE	ET A	UDDAESS				
CITY-ST-ZIP		The second	4.4 CITY-		- ZIP		- A		
TOTLE		☐ DELETE	5 1 TITLE				Change	Addition	
NAME			52 NAME						
STREET ADDRESS			5.3 STREE						
CITY-ST-ZIP		DELFTE	5 4 CITY-		- ZIP		Change	Addition	
TITLE		□ חנונון:	61 TITLE						
NAME			62 NAME		neers				
STREET ADDRESS			6.3 STREE						
CITY-ST-ZIP		with this files door not availfulfa	64 CITY-	SI.		in Section 110 07(3)(i) Florida Statutos Liturdos co	difu that the	e information	

I nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this annual report or suppliemental 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 officer or director of the corporation Block 12 or Block 13 if changed, or