

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

FILED
Apr 20 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000036262
 1. Corporation Name
Nobody's Bargain Inc.
 3147 Mapleshade St
 Deltona Fl 32738

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| Principal Place of Business Nobody's Bargain Inc 3147 Mapleshade St Deltona Fl 32738 | Mailing Address Nobody's Bargain Inc 3147 Mapleshade St Deltona Fl 32738 |
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|---------------------------------------|-------------------------------|--|---------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 4/21/97 | 3a. Date of Last Report |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 59-3442998 | Applied For Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 Country | 29 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| Roemmelt, John 3147 Mapleshade St Deltona Fl 32738 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City |
| | 85 Zip Code |

11. Pursuant to the provisions of Sections 607 (50) and 607.1500, Florida Statutes, the above report, certificate, 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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | P, V, S, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | Roemmelt, John |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 3147 Mapleshade St |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Deltona Fl 32738 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | 300002493100 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | -04/20/98-01021-015 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | ***150.00 |

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 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, for on an attachment with an address.

SIGNATURE: _____ **4-8-98 904-532-6283**

CP2E034 (9/96)