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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000054532

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

BARGAIN DOLLAR & SPORTSWEAR, INC.

Principal Place of Business Mailing Address					((681) 2 21 118 13181 1 2011 3 2011 3 2011 3 2011	
3302 WEST MARTIN LUTHER KING BLVD. #2906 3302 WEST MARTIN LUTHER TAMPA FL 33607 TAMPA FL 33607		KING BL	VD. #2906			
					DO NOT WRITE IN THIS SPACE	\neg
					3. Date Incorporated or Qualifed 06/18/1998	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 3.518074 Applied For Not Applicable	 e
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	\exists
22		27			5. Certificate of Status Desired Fee Required	_
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	- {
23		28			Trust Fund Contribution Added to Fees	4
Zip Country		Zip Country		'n	8. This corporation owes the current year Intangale	
24	25	29 3	0		Personal Property Tax. Yes ☐ No	
-	Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	\dashv
SON	G, BOOK S		8			
3302 WEST MARTIN LUTHER KING BL		LVD. #2906	8	2 Street A	ddress (P.O. Box Number is Not Acceptable)	
TAM	PA FL 33607		8	3		1
			8	4 City	FL 85 Zip Code	
agent. I a	m familiar with, and accept the obligati	and title if applicable. (NOTE: R	la Statute	es.	ration's board of directors. I hereby accept the appointment as registered	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additional Additional Change Additional Chan	
TITLE	D	☐ DELETE	1,1 TITLE			ا "'ا
NAME	SONG, BOOK S		1.2 NAME	1		
STREET ADDRESS	3302 WEST MARTIN LUTHER K	ING BLVD. #2906	1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY		☐ Change ☐ Additi	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Additi	["'
NAME			2.2 NAME	· · ·		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY		☐ Change ☐ Additi	ᆔ
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NAME			3.2 NAM	- 1		İ
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3.4 CITY		☐ Change ☐ Additi	_
TITLE		☐ DELETE	4.1 TITLE		☐ cusinge ☐ vacuu	
NAME			4. 2 NAM		•	1
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY		Change Classes	
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NAME			5.2 NAM		· ·	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			_
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additi	UN
NAME			6.2 NAM	:		- 1

14. I 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, or on an attachment with an address, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP