

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State
07-22-1999 90013 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000055918 1. Corporation Name BAG A BARGAIN DISCOUNT GROCERS, INC.
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Principal Place of Business 360 NORTHWEST 35TH STREET OAKLAND PARK FL 33309	Mailing Address 360 NORTHWEST 35TH STREET OAKLAND PARK FL 33309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5813 MARGATE BLVD. Suite, Apt. #, etc. 22 City & State 23 MARGATE, FL. Zip Country 24 33063 25 U.S.A.	2a. Mailing Address 26 5813 MARGATE BLVD. Suite, Apt. #, etc. 27 City & State 28 MARGATE FL Zip Country 29 33063 30 U.S.A.
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3. Date Incorporated or Qualified 06/23/1998	4. FEI Number 65-0851930 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 X [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	ROSSETTI, DAVID P
STREET ADDRESS	360 NORTHWEST 35TH STREET
CITY-ST-ZIP	OAKLAND PARK FL 33309
TITLE	SVD <input type="checkbox"/> DELETE
NAME	ROSSETTI, CHRISTINE M
STREET ADDRESS	360 NORTHWEST 35TH STREET
CITY-ST-ZIP	OAKLAND PARK FL 33309
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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.

SIGNATURE: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

BAG A BARGAIN DISCOUNT GROCERS, INC.
5813 MARGATE BLVD.
MARGATE, FL. 33063
954-977-9969

593833-90013-39
P98000055918

July 9, 1999

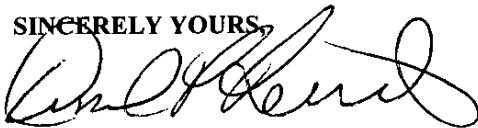
ANNUAL REPORTS FILING
DIVISION OF CORPORATIONS
409 EAST GAINS STREET
TALLAHASSEE, FL. 32399

RE: BAG A BARGAIN DISCOUNT GROCERS, INC.
DOC # P98000055918

DEAR SIR,

ENCLOSED PLEASE FIND A CHECK FOR THE PAYMENT OF MY ANNUAL REPORT.
I NEVER RECEIVED THE INITIAL NOTICE FOR A CORPORATION ANNUAL
REPORT FOR 1998. PLEASE SEE OUR NEW ADDRESS ABOVE AND CORRECT YOUR
RECORDS. THANK YOU IN ADVANCE FOR ALL YOUR ASSISTANCE.

SINCERELY YOURS,



DAVID ROSSETTI
PRESIDENT