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FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90229 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																											
DOCUMENT # P98000063643																																													
1. Corporation Name BARGINWORLD, INC.																																													
Principal Place of Business 25533 OAKS BLVD. LAND O'LAKES FL 34639		Mailing Address P.O. BOX 7358 WESLEY CHAPEL FL 33543																																											
2. Principal Place of Business 21 6229 TOWER RD Suite, Apt. #, etc.		2a. Mailing Address 26 PO BOX 1439 Suite, Apt. #, etc.																																											
22 City & State 23 LAND O'LAKES Zip Country 24 34639 25		27 City & State 28 LAND O'LAKES PASCO Zip Country 29 34639 30																																											
9. Name and Address of Current Registered Agent REIBER, JACOB I 26650 ST. RD. 54 LUTZ FL 33549																																													
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)																																													
12. OFFICERS AND DIRECTORS																																													
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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.

SIGNATURE: Lynn Winkler LYNN WINKLER 1/30/99 8139290909

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)