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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # SOS	3407 (6)			
BARGAIN CITY, INC.			A NOCKLESO DE BRIDO SORIA ONDE ORIGINALISMO DE	1841 81611 81841 8884 8881 8184 1061
Dringing Bloom of Business	Mailing Address			
Principal Place of Business Mailing Address		. N.C		
540 EGLIN PARKWAY N.E. 540 EGLIN PARKWAY I FT WALTON BEACH FL 32547 FT WALTON BEACH FL				
			3. Date Incorporated or Qualified 3a.	Date of Last Report
			10/22/1990	04/28/1995
2. Principal Place of Business	2a. Mailing Address 26		4. FEI Number 59-3036718	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Ap				\$8.75 Additional
2	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	28 Zip	Country	8. This corporation has liability for intang	
4 25	29	30	Florida Statutes Yes	1 0
9. Name and Address of	Current Registered Agent	81 Name 1	10. Name and Address of New Registr	ered Agent
FT WALTON BEACH FL-39546	, ,	82 Street Add 83 84 City	ress (P.O. Box) rumby is Not Acceptable; L. Pinedale Rd., Wolfon Beach J.)	Addeosschnige FL 85 32547
 Pursuant to the provisions of Sections 6 or registered agent, or both, in the State familiar with, and accept the obligations 	e of Florida. Such change was authoriz	zed by the corporation's boa	valion submits this statement for the purpose and of directors. I hereby accept the appointme	ent as registered agent. I am
	I PRVEI I I I I I I I I I		en when renstating)	19-96
TITLE PD	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Cheese
NAME HARVELL, RICHARD	0 1 1 00	1.2 NAME	HARVEII, KKHORG	•
STREET ADDRESS 29 EQLIN-POWY-SE	812 Pivedn)e Rl.	1.3 STREET ADDRESS	HARVEII, Richard 812 Pivedala Rd Ft walten Buch, 7	125064
CITY-S1-ZIP FT WALTON BEACH I		1.4 C•TY - ST - ZIP	Ft walten Black, }	☐ Change ☐ Addition
TITLE NAME	☐ DELETE	2 1 TITLE 2 2 NAME		Change II vocation
STREEL ADDRESS		2 3 STREET ADDRESS		
CITY - ST - ZIP		2 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3 1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	☐ DELETE	3 4 CHY-ST- ZIP 4 1 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5 1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	DELETE	6 1 TITLE		Change Addition
NAME	_	6.2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CHY-SI-ZIP		6 4 CITY - ST - ZIP		
certify that the information indicated on	this annual report or supplemental and he corporation or the receiver or truste	nual report is true and accur ee empowered to execute the	for the exemption stated in Section 119.07(3)(ate and that my signature shall have the same its report as required by Chapter 607, Florida to	legal effect as if made under Statutes; and that my name
SIGNATURE:	TYPED OR PRINTED NAME OF SIGNING OFFICE	- Richard	Unevell 3-19-9	984-4991 6864-4991