

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

FILED  
Feb 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000027202 (6)  
1. Corporation Name  
THE BIG H, INC.



Principal Place of Business  
4974 WAVERLY WOODS TER  
LAKE WORTH FL

Mailing Address  
4974 WAVERLY WOODS TER  
LAKE WORTH FL 33463-5246

3. Date Incorporated or Qualified  
03/28/1996

3a. Date of Last Report

2. Principal Place of Business  
2a. Mailing Address

23. City & State  
28. City & State

24. Zip  
25. Country  
29. Zip  
30. Country

4. FEI Number  
Applied For  
 Not Applicable

5. Certificate of Status Desired  
 \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution  
 \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
 Yes  No

9. Name and Address of Current Registered Agent  
KORNFELD, GARY L  
1400 CENTREPARK BLVD  
SUITE 1000  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City  
85. Zip Code  
FL

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 *[Signature]* 1/10/97 561-967-6926

(NOTE: Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HEINE, CHRIS A	
STREET ADDRESS	4974 WAVERLY WOODS TER	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEINE, RAMONA	
STREET ADDRESS	4974 WAVERLY WOODS TER	
CITY-ST-ZIP	LAKE WORTH FL	
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	100002086001
5.3 STREET ADDRESS	-02/12/97--01123--049
5.4 CITY-ST-ZIP	***165.00
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 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, or on an attachment with an address.

SIGNATURE *[Signature]* 2-12 JF

CR2E034 (9/96)