Applied For

□No

Fee Required

\$5.00 May Be Added to Fees

Not Applicable \$8.75 Additional

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000083723

Country

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1. Corporation Name

24

BIGFISHMIAMI, INC.		
Principal Place of Business	Mailing Address	_
7621 S.W. 59TH COURT MIAMI FL 33143	7621 S.W. 59TH COURT MIAMI FL 33143	
2. Principal Place of Business	2a. Mailing Address	
21	Suite, Apt. #, etc.	_
Suite, Apt. #, etc.	27	
City & State	City & State	_

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## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90113 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

**Trust Fund Contribution** 

Personal Property Tax.

65-0869391

8. This corporation owes the current year Intangible

09/28/1998 4. FEI Number

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
		81	Name		•		
SASLAW, GARY R 20801 BISCAYNE BLVD., SUITE 304		82	Street	t Address (P.O. Box Number is Not Acceptable)			
		02	0000	r Address (F.O. Box Mariber is Met Addeptable)			
AVE	NTURA FL 33180	83			<del></del> ,		
		24	0.5		85 Zip C	odo.	
		84	City	F		OG6	
office or ragent. I a	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was authorn familiar with, and accept the obligations of, Section 607.0505, Florida	orized by	the corp	d corporation submits this statement for the purpose coration's board of directors. I hereby accept the ap	of changing its r pointment as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg	gistered Age	nt signature	e required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	D DELETE	1.1 TITLE			Change	☐ Addition	
NAME	SPECTOR, BRENT	1.2 NAME					
STREET ADDRESS	7621 S.W. 59TH COURT	1.3 STREE	T ADDRESS	s			
CITY-ST-ZIP	MIAMI FL 33143	1.4 CITY-5	T-ZIP				
TITLE	DELETE :	2.1 TITLE			Change	☐ Addition	
NAME		2.2 NAME			والمحتجب		
STREET ADDRESS		2.3 STREE	T ADDRESS				
CITY-ST-ZIP		2. 4 CITY-	ST-ZIP		. ,		
TITLE	☐ DELETE	3.1 TITLE	_		Change	Addition	
NAME		3.2 NAME		·			
STREET ADDRESS		3.3 STREE	T ADDRESS	s	5		
CITY-ST-ZIP		3.4. CITY-	ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE			Change	Addition	
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREE	T ADDRESS	s			
CITY-ST-ZIP		4.4 CITY- S	T-ZIP				
TITLE	☐ DELETE	5.1 TITLE			Change	Addition	
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREE	T ADDRES	S		]	
CITY-ST-ZIP		5.4 CITY-5	at-ZIP				
TITLE	DELETE	6.1 TITLE			Change	☐ Addition	
NAME		6.2 NAME				1	
STREET ADDRESS		6.3 STREE	T ADDRES	S		}	
CITY-ST-ZIP		6.4 CITY-5			·		
14. I hereby	certify that the information supplied with this filing does not qualify for the	e exemp	tion state	ed in Section 119.07(3)(i), Florida Statutes. I further	certify that the in	formation	

Country

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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 ar 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.