

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **579953**
1. Corporation Name

BIG T. Corp.

Principal Place of Business Mailing Address
9034 S.W. 132 lane
Miami Fl. 33176

3. Date Incorporated or Qualified **1978** 3a. Date of Last Report **1995.**
4. FEI Number **59-194-0585** 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

2. Principal Place of Business 2a. Mailing Address
21 **SAME** 26 **SAME**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
SUZANNE FEANNY
9034 S.W. 132 lane
Mia., Fl. 33176.

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 607.0507 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 607.0507, Florida Statutes.

SIGNATURE **Suzanne Feanny**
Signature typed or printed name of registered agent and for taxpayer (WRITE FULL NAME AND ADDRESS IN BLOCK 10) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Claude Joseph 3919	
STREET ADDRESS	9819 S.W. 147 Pl. Mia. Fl.	
CITY - ST - ZIP		
TITLE	ALBERT JOSEPH	<input type="checkbox"/> DELETE
NAME	same address.	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Suzanne Feanny	<input type="checkbox"/> DELETE
NAME	9034 S.W. 132 lane Mia Fl.	
STREET ADDRESS	33176.	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	000001904410
43 STREET ADDRESS	-07/25/96--01055--043
44 CITY - ST - ZIP	***25.00
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	300001904418
53 STREET ADDRESS	-07/25/96--01055--044
54 CITY - ST - ZIP	***200.00
61 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	7-25-96
63 STREET ADDRESS	in
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 **Suzanne Feanny**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE DATE **July 15 96.** (305) 264-4434
CLASSIFICATION

CR2E034 (12/95)