

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 639787 (1)
1. Corporation Name
THE BIGONEY ASSOCIATES, INCORPORATED

Principal Place of Business
512 SOUTH ANDREWS
FORT LAUDERDALE FL 33301-832
US

Mailing Address
512 S. ANDREWS AVE.
FT. LAUDERDALE FL 33301-2832
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1979		3a. Date of Last Report 04/10/1996	
21 Suite, Apt. #, etc.		26 90 JMS DESIGN INC		4. FEI Number 59-1952915		Applied For Not Applicable	
22 City & State		27 25 SEABREEZE #304		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 DELRAY BEACH		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 33483		30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BIGONEY, WILLIAM F. 512 S. ANDREWS ONE FT. LAUDERDALE FL 33301				81 Name JEFFREY J. SMITH			
				82 Street Address (P.O. Box Number is Not Acceptable) 90 JMS DESIGN INC			
				83 25 SEABREEZE AVE #304			
				84 City DELRAY			
				85 FL			
				86 Zip Code 33483			

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  JEFFREY J. SMITH DATE 2/14/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE STP <input checked="" type="checkbox"/> DELETE				1.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME BIGONEY, WILLIAM				1.2 NAME DAVID W. BIGONEY			
STREET ADDRESS 215 SW 14TH WAY				1.3 STREET ADDRESS 2723 LUCERNE RD			
CITY - ST - ZIP FT LAUDERDALE FL				1.4 CITY - ST - ZIP TALLAHASSEE, FL 32303			
TITLE VO <input checked="" type="checkbox"/> DELETE				2.1 TITLE SEC. TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME BIGONEY, MARGARET				2.2 NAME JEFFREY J. SMITH			
STREET ADDRESS 215 SW 14 WAY				2.3 STREET ADDRESS 25 SEABREEZE AVE #304			
CITY - ST - ZIP FORT LAUDERDALE FL				2.4 CITY - ST - ZIP DELRAY BEACH FL			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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 or is changed for or on an attachment with an address.

SIGNATURE  DAVID W. BIGONEY DATE 2/14/97

CR2E034 (9/96)