

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **685791** (6)

1. Corporation Name
THE BIG FIRST, INC.



Principal Place of Business: % FIRST FED. SAV. & LOAN ASSOC. OF P BCHS, 215 S OLIVE AVE, WEST PALM BEACH FL 33401-5617
Mailing Address: % FIRST FED. SAV. & LOAN ASSOC. OF P BCHS, 215 S OLIVE AVE, WEST PALM BEACH FL 33401-5617

3. Date Incorporated or Qualified: **08/28/1980**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **59-2071319**
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 (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent
**FIRST FED. SAV. & LOAN ASSOC. OF THE PALM BEACHES
215 S OLIVE AVENUE
WEST PALM BEACH FL 33402**

10. Name and Address of New Registered Agent (81-85)
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.
March 1, 1996

SIGNATURE: *John C. Trammel*
Signature of individual or printed name of registered agent and title, if applicable

Vice President & Director
DATE: **March 1, 1996**
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GUEMPLE, R R	
STREET ADDRESS	215 S OLIVE AVE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	AHRENHOLZ, JOHN M	
STREET ADDRESS	215 S OLIVE AVE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHN C. TRAMMEL	
STREET ADDRESS	215 SOUTH OLIVE AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BASSFORD, F DEVOE	
STREET ADDRESS	215 S OLIVE AVE	
CITY-ST-ZIP	W PALM BCH FL	
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *John C. Trammel* **John C. Trammel-Vice Pres./Director 3/1/96 650-2355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)