

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

**FILED**

**Feb 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 685791 (6)**

1. Corporation Name  
**THE BIG FIRST, INC.**



Principal Place of Business <b>% FIRST FED. SAV. &amp; LOAN ASSOC. OF P BCHS 215 S OLIVE AVE WEST PALM BEACH FL 33401-5617</b>	Mailing Address <b>% FIRST FED. SAV. &amp; LOAN ASSOC. OF P BCHS 215 S OLIVE AVE WEST PALM BEACH FL 33401-5617</b>
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3. Date Incorporated or Qualified <b>08/28/1980</b>	3a. Date of Last Report <b>03/07/1996</b>
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2. Principal Place of Business 21 <b>First Bank of Florida</b> Suite, Apt. #, etc. 22 <b>450 S. Australian Avenue</b> City & State 23 <b>West Palm Beach, Florida</b> Zip 24 <b>33401</b> Country 25 <b>U.S.A.</b>	2a. Mailing Address 26 <b>First Bank of Florida</b> Suite, Apt. #, etc. 27 <b>P.O. Box 3515</b> City & State 28 <b>West Palm Beach, Florida</b> Zip 29 <b>33402-3515</b> Country 30 <b>U.S.A.</b>
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4. FEI Number <b>59-2071319</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Name <b>First Bank of Florida</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>450 S. Australian Avenue</b>
83
84 City <b>West Palm Beach</b> <b>FL</b> 85 Zip Code <b>33401</b>

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: *John C. Trammel* **John C. Trammel, Senior Vice Pres.** February 14, 1997

12. OFFICERS AND DIRECTORS

TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>GUEMPLE, R R</b>	
STREET ADDRESS	<b>215 S OLIVE AVE</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>AHRENHOLZ, JOHN M</b>	
STREET ADDRESS	<b>215 S OLIVE AVE</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHN C. TRAMMEL</b>	
STREET ADDRESS	<b>215 SOUTH OLIVE AVENUE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>BASSFORD, F DEVOE</b>	
STREET ADDRESS	<b>215 S OLIVE AVE</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	
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	<b>VTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GUEMPLE, R R</b>	
1.3 STREET ADDRESS	<b>450 S. Australian Avenue</b>	
1.4 CITY-ST-ZIP	<b>West Palm Beach, Florida 33401</b>	
2.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Ahrenholz, John M</b>	
2.3 STREET ADDRESS	<b>450 S. Australian Avenue</b>	
2.4 CITY-ST-ZIP	<b>West Palm Beach, Florida 33401</b>	
3.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>John C Trammel</b>	
3.3 STREET ADDRESS	<b>450 S. Australian Avenue</b>	
3.4 CITY-ST-ZIP	<b>West Palm Beach, Florida 33401</b>	
4.1 TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Bassford, F Devoe</b>	
4.3 STREET ADDRESS	<b>450 S. Australian Avenue</b>	
4.4 CITY-ST-ZIP	<b>West Palm Beach, Florida 33401</b>	
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 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: *John C. Trammel* **John C. Trammel, Senior Vice President 2/14/97**

CR2E034 (9/96)