

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

FILED

Feb 24 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 # **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
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3. Date Incorporated or Qualified 08/28/1980	3a. Date of Last Report 03/07/1996
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2. Principal Place of Business 21 First Bank of Florida Suite, Apt. #, etc. 22 450 S. Australian Avenue City & State 23 West Palm Beach, Florida Zip 24 33401 Country 25 U.S.A.	2a. Mailing Address 26 First Bank of Florida Suite, Apt. #, etc. 27 P.O. Box 3515 City & State 28 West Palm Beach, Florida Zip 29 33402-3515 Country 30 U.S.A.	4. FEI Number 59-2071319	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		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

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

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
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VTD	<input type="checkbox"/> DELETE	1.1 TITLE VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUEMPLE, R R		1.2 NAME GUEMPLE, R R	
STREET ADDRESS 215 S OLIVE AVE		1.3 STREET ADDRESS 450 S. Australian Avenue	
CITY-ST-ZIP W PALM BCH FL		1.4 CITY-ST-ZIP West Palm Beach, Florida 33401	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AHRENHOLZ, JOHN M		2.2 NAME Ahrenholz, John M	
STREET ADDRESS 215 S OLIVE AVE		2.3 STREET ADDRESS 450 S. Australian Avenue	
CITY-ST-ZIP W PALM BCH FL		2.4 CITY-ST-ZIP West Palm Beach, Florida 33401	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN C. TRAMMEL		3.2 NAME John C Trammel	
STREET ADDRESS 215 SOUTH OLIVE AVENUE		3.3 STREET ADDRESS 450 S. Australian Avenue	
CITY-ST-ZIP WEST PALM BEACH FL		3.4 CITY-ST-ZIP West Palm Beach, Florida 33401	
TITLE VSD	<input type="checkbox"/> DELETE	4.1 TITLE VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BASSFORD, F DEVOE		4.2 NAME Bassford, F Devoe	
STREET ADDRESS 215 S OLIVE AVE		4.3 STREET ADDRESS 450 S. Australian Avenue	
CITY-ST-ZIP W PALM BCH FL		4.4 CITY-ST-ZIP West Palm Beach, Florida 33401	
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 if changed, or on an attachment with an address.

SIGNATURE: *John C. Trammel* **John C. Trammel, Senior Vice President** 2/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)