

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 BANK OF FLORIDA 450 S AUSTRALIAN AVE W PALM BCH FL 33401 US	Mailing Address FIRST BANK OF FLORIDA P O BOX 3515 W PALM BCH FL 33402 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 08/28/1980	4. FEI Number 59-2071319 Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

FIRST BANK OF FLORIDA  
450 S AUSTRALIAN AVE  
W PALM BCH FL 33401

10. Name and Address of New Registered Agent

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.

SIGNATURE

*John C. Trammel*, John C. Trammel - Director  
(NOTE: Registered Agent's signature required when reinstating)

4/24/98  
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	QUEMPLE, R R		1.2 NAME				
STREET ADDRESS	450 S AUSTRALIAN AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BCH FL		1.4 CITY-ST-ZIP				
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	AHRENHOLZ, JOHN M		2.2 NAME				
STREET ADDRESS	450 S AUSTRALIAN AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BCH FL		2.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JOHN C. TRAMMEL		3.2 NAME				
STREET ADDRESS	450 S AUSTRALIAN AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP				
TITLE	VSD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BASSFORD, F DEVOE		4.2 NAME				
STREET ADDRESS	450 S AUSTRALIAN AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BCH FL		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 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-Director

4/24/98

561-650-2355

CR2E034 (10/97)