


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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F94000003556 (7)

1. Corporation Name
BIG SMITH BRANDS, INC.

Principal Place of Business 7100 WEST CAMINO REAL SUITE 109 BOCA RATON FL 33433 US	Mailing Address 7100 WEST CAMINO REAL SUITE 109 BOCA RATON FL 33433-5510 US
--	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/07/1994	3a. Date of Last Report 06/24/1996	4. FEI Number 13-3005371	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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent LEBOWITZ, PETER 7300 WEST CAMINO REAL STE. #109 BOCA RATON FL 33433	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
---	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEBOWITZ, PETER	1.2 NAME	Theodore L. Listerman
STREET ADDRESS	2340 MILANO CT	1.3 STREET ADDRESS	601 East Polo Dr.
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	Clayton, MO 63105
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, RAYMOND	2.2 NAME	Jack Schultz
STREET ADDRESS	1921 S. OAKMONT	2.3 STREET ADDRESS	PO Box 1106 142 Wilton Rd west
CITY - ST - ZIP	SPRINGFIELD MO 65809	2.4 CITY - ST - ZIP	Ridgefield, CT 06877
TITLE	VPCF <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBER, TERRY L	3.2 NAME	
STREET ADDRESS	2155 PRIVATE RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MONETT MO	3.4 CITY - ST - ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard Kaplan	4.2 NAME	
STREET ADDRESS	10590 Stonebridge Blvd.	4.3 STREET ADDRESS	
CITY - ST - ZIP	Boca Raton, FL 33498	4.4 CITY - ST - ZIP	
TITLE	Director <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julian H. Shaps	5.2 NAME	
STREET ADDRESS	19-622 Bay Cove DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	Boca Raton, FL 33434	5.4 CITY - ST - ZIP	
TITLE	Director <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glen Freeman	6.2 NAME	
STREET ADDRESS	Rt 6, Box 50	6.3 STREET ADDRESS	
CITY - ST - ZIP	Carthage, MO 64836	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: Terry L. Dober **TERRY L. DOBER** 4/10/97 (417) 358-5955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)