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Aug 20, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003556

1. Corporation Name

BIG SMITH BRANDS, INC.

Principal Place of Business

700 WEST CAMINO REAL
SUITE 109
BOCA RATON FL 33433
US

BIG SMITH BRANDS, INC.
1700 S. Powerline Road, Suite "G"
Deerfield Beach, Florida 33442
Telephone: 954-725-3770
Fax: 954-725-0995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1994

4. FEI Number

13-3005371

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1700 S Powerline Rd

Suite, Apt. #, etc.

22 G

23 Deerfield Beach FL

24 33442 25 Broward

26 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

28 City & State

29 City & State

30 Zip

31 Country

32 Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME LEBOWITZ, PETER

STREET ADDRESS 2340 MILANO CT

CITY-ST-ZIP BOCA RATON FL

TITLE VP ☒ DELETE

NAME BAGDASIAN, J

STREET ADDRESS 400 S POINTE DR, UNIT 2010

CITY-ST-ZIP MIAMI BCH FL 33139

TITLE VPCF ☒ DELETE

NAME DOBER, TERRY L

STREET ADDRESS 2155 PRIVATE RD

CITY-ST-ZIP MONETT MO

TITLE S ☐ DELETE

NAME KAPLAN, HOWARD

STREET ADDRESS 10590 STONEBRIDGE BLVD.

CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME SHAPS, JULIAN H.

STREET ADDRESS 19-622 BAY COVE DR.

CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME FREEMAN, GLEN

STREET ADDRESS RT. 6, BOX 50

CITY-ST-ZIP CARTHAGE MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Director of Acct ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 of 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

954-725-3770