

FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT STATE Sandra B. North Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H91416 (8)
1. Corporation Name
BIG MAXIE, INC.



Principal Place of Business 830 NW 57 PLACE FT LAUDERDALE FL 33309-3110 US	Mailing Address 830 NW 57 PLACE FT LAUDERDALE FL 33309-2032 US
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2. Principal Place of Business 21 5760 N. Powerline Rd. Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale Fla. 24 Zip 33309 Country U.S.A.		2a. Mailing Address 26 5760 N. Powerline Rd. Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale Fla. 29 Zip 33309 Country U.S.A.		3. Date Incorporated or Qualified 12/24/1985	3a. Date of Last Report 07/09/1996
				4. FEI Number 59-2623796	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 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
WEINBERG, STEVEN A.
8000 PETERS ROAD
SUITE 200
PLANTATION FL 33324

10. Name and Address of New Registered Agent
1. Name
2. Street Address (P.O. Box Number is Not Acceptable)
3.
4. City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	D/T/C
NAME	MAIZNER, NEIL	1.2 NAME	6124 ROSE TERRACE
STREET ADDRESS	981 W COMMERCIAL BLVD	1.3 STREET ADDRESS	Plantation, FL 33317-1831
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	6124 ROSE TERRACE
NAME	MAIZNER, JANET	2.2 NAME	Plantation, FL 33317-1831
STREET ADDRESS	981 W COMMERCIAL BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	D/P
NAME	MALLO, ABEL	3.2 NAME	ABEL L. MALLO
STREET ADDRESS	981 W COMMERCIAL BLVD	3.3 STREET ADDRESS	701 VISTA ISLE DR. #1623
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	SUNRISE, FLA 33325
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: _____ ABEL L. MALLO 4/22/97 954-491-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)