FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

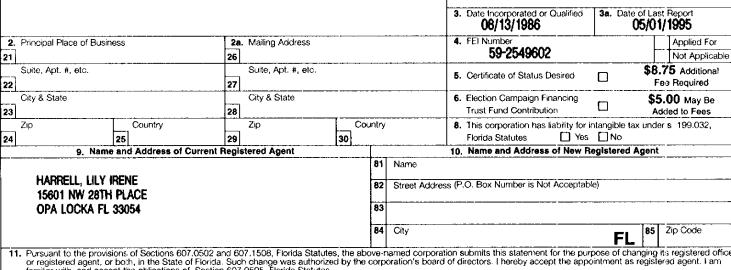
J28602 **DOCUMENT #**

BIG EYE TOUR LINES, INC.

Mailing Address Principal Place of Business

15601 NW 28TH PLACE OPA LOCKA FL 33054

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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 THE HOUSE					
Signature, typed printed name of registered agent and the it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.	OFFICERS AND I	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	Addition
TITLE	HADDELL IOUNNY		1. 1 TITLE		L.J. Audition
NAME	HARREUL, JOHNNY		1.2 NAME		
STREET ADDRESS	15601 NW 28TH PLACE		1.3 STREET ADDRESS		
CITY-S1-ZIP	OPA LOCKA FL		14 CiTY-ST-ZIP	······································	
TITLE	VS	☐ DEFELE	2 1 TITLE	☐ Change	Addition
NAME	HARRELL, LILY I		22 NAME		
STREET ADDRESS	15601 NW 28TH PLACE		2 3 STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL		2 4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE	☐ Change	■ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
G11Y-S1-2IP			3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4. 1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5. 1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP]		5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6. 1 TITLE	☐ Change	☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY OF TIP			SACITY ST 7/D		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

42496 305 625 9018

CR2E034 (12/95)