

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K08746** (5)

1. Corporation Name

BIG E MARINE PROPERTIES, INC.

Principal Place of Business

**2890 N.E. 187TH ST.
N. MIAMI BEACH FL 33180**

Mailing Address

**2890 N.E. 187TH ST.
N. MIAMI BEACH FL 33180**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 12/23/1987	3a. Date of Last Report 03/07/1995
4. FEI Number 65-0030533	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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WHITE, H. TAYLOR
EIGHT SOUTHEAST EIGHTH STREET
FT. LAUDERDALE FL 33316**

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	ELLIS, JOHN M.	
STREET ADDRESS	% 2890 N.E. 187TH ST	
CITY - ST - ZIP	N. MIAMI BCH. FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ELLIS, ROBERT D.	
STREET ADDRESS	% 2890 N.E. 187TH ST	
CITY - ST - ZIP	N. MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIS, MARJORIE	
STREET ADDRESS	% 2890 N.E. 187TH ST	
CITY - ST - ZIP	N. MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIS, JANIS G.	
STREET ADDRESS	% 2890 N.E. 187TH ST	
CITY - ST - ZIP	N. MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIS, MARY	
STREET ADDRESS	% 2890 N.E. 187TH ST	
CITY - ST - ZIP	N. MIAMI BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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.

SIGNATURE

John M. Ellis **JOHN M. ELLIS PRES.**

3-4-96 305 931 2550

Date

Typed Name

CR2E034 (12/95)