

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/23/1987**

4. FEI Number: **65-0030533** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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

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 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: *John M. Ellis* **JOHN M. ELLIS** 1-21-98 305 931 2550

CR2E034 (10/97)