


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

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90123 049 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L27121**  
 1. Corporation Name  
**DAWN'S BIG T SERVICES, INC.**



Principal Place of Business 18300 COLLINS AVE N. MIAMI BCH FL 33160 US	Mailing Address 20900 W DIXIE HWY A N MIAMI BCH FL 33180 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/31/1989</b>
4. FEI Number <b>65-0157206</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>-\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 <b>20900 W DIXIE HWY</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 <b>A</b> City & State	27 City & State
23 <b>N MIAMI BCH, FL</b> Zip Country	28 Zip Country
24 <b>33180</b> 25	29 30

9. Name and Address of Current Registered Agent

**FEDER, LAWRENCE H.**  
**2450 HOLLYWOOD BLVD**  
**SUITE 401**  
**HOLLYWOOD FL 33020**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>TURETSKY, IRVING</b>
STREET ADDRESS	<b>290 174TH ST.</b>
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SCHILLING, DAWN A.</b>
STREET ADDRESS	<b>222 POINCIANA ISLAND DR</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>NESS, GERALD J.</b>
STREET ADDRESS	<b>4101 PINETEE DR., #1814</b>
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>NUNBERG, VICTOR L.</b>
STREET ADDRESS	<b>2460 NE 201 ST</b>
CITY-ST-ZIP	<b>N. MIAMI BCH. FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>NESS, GERALD J.</b>
1.3 STREET ADDRESS	<b>20900 W DIXIE HWY, STE A</b>
1.4 CITY-ST-ZIP	<b>N. MIAMI BCH. FL 33180</b>
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, with all other like empowered.

SIGNATURE: *[Signature]* **4-27-99** **305-937-2667**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)