FILE NOW: FILING FEE AFTER MAY 1 IS $ 5.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mor n
Secretary of S e
DIVISION OF CORP ATIONS

DOCUMENT # M22801   (8)

1. Corporation Name

IZZYS BIG AND TALL INC

Principal Place of Business	Mailing Address
3061 N.E. 163RD ST. NORTH MIAMI BCH FL 33160	3061 N.E. 163RD ST. NORTH MIAMI BCH FL 33160

3. Date Incorporated or Qualified **11/01/1985**	**3a.** Date of Last Report **05/01/1995**

2. Principal Place of Business	**2a.** Mailing Address	**4.** FEI Number **59-2605566**	Applied For
21	**26**		Not Applicable
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23**	City & State **28**	**6.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip **24**	Country **25**	Zip **29**	Country **30**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
FRANCO, ISRAEL 3061 NORTHEAST 163RD STREET NORTH MIAMI BEACH FL 33160	**81** Name **82** Street Address (P.O. Box Number is Not Acceptable) **83** **84** City FL **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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Reg. Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DP** NAME **FRANCO, ISRAEL** STREET ADDRESS **3601 N.E. 163RD ST.** CITY-ST-ZIP **NORTH MIAMI BCH FL**	☐ DELETE		TLE ME REET ADDRESS TY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		TLE ME REET ADDRESS TY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		TLE ME REET ADDRESS TY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished... 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 re... 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 em... ed 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR   OR   Date   Daytime Phone #   305-956-3955