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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # M59557



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90222 026 ***150.00

BIG TIME ENTERPRISES INC Mailing Address Principal Place of Business P.O. BOX 508 MM 30 US 1 BIG PINE KEY FL 33043 BIG PINE KEY FL 33043 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 09/18/1987 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0008837 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Added to Fees 28 Trust Fund Contribution 23 Zip Country Zip Country This corporation owes the current year Intangible X No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GUPPY, ELIZABETH A Street Address (P.O. Box Number is Not Acceptable) 3838 SUNSET **BIG PINE KEY FL 33043** 83 84 Zip Code City 85 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) Signature, typed or printed name of registered agent and title if applicable. CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE **GUPPY, ELIZABETH** 12 NAME NAME 3838 SUNSET 1.3 STREET ADDRESS STREET ADDRESS **BIG PINE KEY FL 33043** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 2.1 TITLE TITLE GUPPY, HAROLD C 2.2 NAME NAME 3838 SUNSFT STREET ADDRESS 2.3 STREET ADDRESS **BIG PINE KEY FL 33043** CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 of the repeiver 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 an affactment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

Harold- Gupy

3-3-99

305-872-2248