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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

## **FILED** May 20 1998 8:00am Secretary of State

THE B	IG CARY, CORP.	70000249 (0)			
Principal Plac	ce of Business	Mailing Address			A(11) AB1 A sign Asbid (81) (68)
8917 COLLINS AVE 6917 COLLINS AVE					
SUITE 1611 SUITE 1611  MIAMI BEACH FL 33141 MIAMI BEACH			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	
				08/27/1993	
	2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For
21 Company and the other		26 P.O. Box 415638		65-0482472	Not Applicable
Suite, Apr. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State			Fee Required
23		28 Miami Beach, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	8. This corporation owes or has paid the	
24	25	29 33141-7638 3	a ´	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curr			10. Name and Address of New Register	ed Agent
NESTOR, BRENDA			81 Name	·	
	17 COLLINS AVE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
STE 1811					
MIAMI BEAHC FL 33141			83		
			84 City		85 Zip Code
				i Beach F	<b>'L</b>
office or agent. I a	to the provisions of Sections 607 05 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 607 1508, Flori <b>da Statutes</b> to of Florida. Such change was aut igations of Section 607.0505, Florid	, the above-named corp thorized by the corporali da Statutes.	oration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	Signature, typied or printed name of registered a	agent and to cit applicable (NOTE I	Registered Agont a gnature require	ed when reinstaling) DAN	<u> </u>
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	CSD	DELETE	1.1 TITLE		Change X Addition
NAME	NESTOR, BRENDA		1.2 NAME		
STREET ADDRESS	6917 COLLINS AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEAHC FL		1.4 CITY-ST-ZIP	Miami Beach, FL 33141	
TOTLE	PD	☐ DEL€TE	2.1 TITLE		Change 🙀 Addition
NAME	FIELD, LISA M		2.2 NAME		
STREET ADDRESS	6917 COLLINS AVE		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	E DELETE	2 4 CITY-ST-ZIP	33141	V 1448
TITLE	COLVIN MELVAN D	DELETE	3.1 TITLE		Change X Addition
NAME	COLVIN, MELVIN R 6917 COLLINS AVE		3.2 NAME		
STREET ADDRESS	MIAMI BEACH FL		3.3 STREET ADDRESS	33141	
CITY-ST-ZIP	TAS	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	22747	Change X Addition
TITLE NAME	LAUNER, BLANCHE S	الما مادداد	4, 2 NAME		Onwaye Munition
STREET ADDRESS	6917 COLLINS AVE		4, 2 NAME 4,3 STREET ADDRESS		
	MIAMI BEACH FL		4.4 CITY-ST-ZIP	33141	
CITY-ST-ZIP TITLE	MENTE SETOTIFE	DELETE	5.1 TITLE	33747	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		Ì
CITY-ST-ZIP			5,4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
	certify that the information supplied	with this filma does not qualify for		Section 119.07(3)(i), Florida Statutes, I further	certify that the information

I nereby 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 informatic 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 trusted 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.

CALATURE.