

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -4 PM 8:44

DOCUMENT # P94000023363 (2)

1. Corporation Name

BIG VENTURES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

Mailing Address

% CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/25/1994
3a. Date of Last Report

4. FEI Number 89-3233175
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

7. This corporation has failed, for purposes of, under S. 190.092
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. 220 SUNRISE AVE.

2a. Mailing Address

26. 220 SUNRISE AVE.

Suite, Apt. #, etc.

22. STE 202

Suite, Apt. #, etc.

27. STE. 202

City & State

23. PALM BEACH, FLA

City & State

28. PALM BEACH FL

ZIP

24. 33480

COUNTRY

25.

ZIP

29. 33480

COUNTRY

30.

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name CORPORATION SERVICE COMPANY INC.

82. Street Address (P.O. Box Number is Not Acceptable)
1201 Hayes ST.

83.

84. City TALLAHASSEE FL

FL

85. 32301

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

GAIL SHELBY, as agent GAIL SHELBY

12. OFFICERS AND DIRECTORS

1. TITLE D
NAME BERNSTEIN, HAROLD P
STREET ADDRESS 1 N. BREAKERS ROW, APT. 354
CITY, ST. ZIP PALM BEACH FL 33480

2. TITLE D
NAME BERNSTEIN, GENE M
STREET ADDRESS % 25 MELVILLE PARK RD.
CITY, ST. ZIP MELVILLE NY 11747

3. TITLE D
NAME RUBIN, L. ANTHONY
STREET ADDRESS 2161 MANDEVILLE CANYON RD.
CITY, ST. ZIP LOS ANGELES CA 90049

4. TITLE

NAME

STREET ADDRESS

CITY, ST. ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST. ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST. ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST. ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST. ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST. ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST. ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST. ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST. ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST. ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(4)(b), Florida Statutes. I further certify that the information included in 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 on the record or branch 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: X

HAROLD P. BERNSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR

4/25/95 (407)892-2445