

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mogham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000075577 (3)

1. Corporation Name

BIG J. SOFTWARE, INC.

FILED

97 JUN 27 PM 2: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

7601 E TREASURE DR  
APT 2207  
NORTH BAY VILLAGE FL 33141

Mailing Address

7601 E TREASURE DR  
APT 2207  
NORTH BAY VILLAGE FL 33141-4369

3. Date Incorporated or Qualified  
10/02/1995

3a. Date of Last Report  
06/27/1996

4. FEI Number  
22-3403561

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

LEVINE, JOSHUA  
7601 E TREASURE DR  
APT 2207  
NORTH BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D LEVINE, JOSHUA  
STREET ADDRESS 7601 E TREASURE DR APT 2207  
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT  
12 NAME Joshua Levine  
13 STREET ADDRESS P.O. Box 362 (NA)  
14 CITY-ST-ZIP Wall Street Station NY 10268

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
100002229221--2  
-07/02/97--01077--019  
\*\*\*\*\*165.00 \*\*\*\*\*165.00

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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 included 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 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

4/1/97

CR2E034 (9/96)