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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096294 (0)

THE VERY BIG COMPANY, INC.

Principal Place of Business Mailing Address 1208 11TH ST., N. 1208 11TH ST., N. JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3364956 Not Applicable 26 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Country Ζιρ Yes Yes Personal Property Tax due June 30. 25 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 ROSE, DAVID 1208 11TH ST., N. Street Address (P.O. Box Number is Not Acceptable) **B2** JACKSONVILLE BEACH FL 32250 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules.

SIGNATURE [NOT] Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ___ Addition DELETE 1.1 TIME TITLE ROSE, DAVID 1.2 NAME NAME 1208 11TH ST., N. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE BEACH FL 32250 1.4 CITY-ST-ZIP Ofty-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELFTE 4.1 TOLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TILLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 6.1 THLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CHY-ST-7IP

14. Thereby 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 73 if changes, or only an appear of the corporation of the corpor

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Jan 15 1998 8:00am

Secretary of State