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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000006092

BIG TIME INC.

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90038 036 \*\*\*150.00



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Principal Place of Business ONE N.E. 1ST AVENUE		Mailing Address ONE N.E. 1ST AVENUE			L INTELEDI SIN INIIN NIISI NEELI NUILE VAREI I	IRAIT MAILE MITEL MEST		
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MIAMI FL 3313	12	MIAMI FL 33132			DO NOT WRITE IN T	HIS SDACE	*.	
	المراجع والمنافق المنافق المنافق المنافق والمنافق والمناف	1 de 2 de 1 de 1 de 1			3. Date Incorporated or Qualifed	TIIO OF ACE		
••			• .		01/19/1996			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Δr	oplied For	=
24	***************************************	26			65-0634342		ot Applicable	3
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			_		Additional	.:-
22		27			5. Certifcate of Status Desired	•	equired	
City & Stat	te	City & State			6. Election Campaign Financing	\$5:00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year	r Intangible	**	
24	25	29	30		Personal Property Tax.	∐Yes	DINO	
	9. Name and Address of Current	Registered Agent		•	10. Name and Address of New Registe	red Agent		
:		JAM TOOM		81 Name			-	
	MLOM, ITZHAK			82 Street Add	ress (P.O. Box Number is Not Acceptable)			
	N.E. 1ST AVENUE			02 Sileet Addi	ress (F.O. Box Number is Not Acceptable)			
MIAI	MI FL 33132			83	14. [14.1] [1.1] [1.1] [1.1]	的证明的提供		
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				84 City	•	85 Zip	Code ''	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the a	bove-named corp	poration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its	registered	
office or i	registered agent, or both, in the State o	f Florida. Such change was au ons of Section 607 0505. Flori	thorized da Stati	d by the corporation	on's board of directors. I hereby accept the a	opointment as re	gistered	
		0110 01, 0000011 001.0000, 7 1011					.	
SIGNATURE								
	Stgnature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered	Agent signature require	ed when reinstating) DATE		,	2
12.	OFFICERS AND		Registered 13.	Agent signature require	od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DRS IN 12	(86)
12.			_	<u> </u>			DRS IN 12	(11/98)
	OFFICERS AND	DIRECTORS	13.	πε	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		34 (11/98)
TITLE	OFFICERS AND D SHALOM, JOSEF	DIRECTORS	13. 1.1 TI 1.2 N/	πε	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		E034 (11/98)
TITLE NAME	OFFICERS AND D : SHALOM, JOSEF	DIRECTORS	13. 1.1 TT 1.2 NA 1.3 ST	TLE AME	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		R2E034 (11/98)
TITLE NAME STREET ADDRESS	OFFICERS AND D: SHALOM, JOSEF ONE N.E. 1ST AVENUE	DIRECTORS	13. 1.1 TT 1.2 NA 1.3 ST	TLE  AME  TREET ADDRESS  TY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		CR2E034 (11/98)
NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D: SHALOM, JOSEF ONE N.E. 1ST AVENUE	DIRECTORS DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI	TLE  AME  IREET ADDRESS  TY-ST-ZIP  TLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	Addition	CR2E034 (11/98)
NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D SHALOM, JOSEF ONE N.E. 1ST AVENUE MIAMI FL D	DIRECTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/	TLE  AME  IREET ADDRESS  TY-ST-ZIP  TLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	Addition	CR2E034 (11/98)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D SHALOM, JOSEF ONE N.E. 1ST AVENUE MIAMI FL D SHALOM, ITZHAK ONE N.E. 1ST AVENUE MIAMI FL	DELETE  DELETE  DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 CT 4.1 TT 4.2 N/ 4.3 ST 4.4 CT	TLE  AME  IREET ADDRESS  TY-ST-ZIP  TLE  AME  ITHEET ADDRESS  ITH-ST-ZIP  TLE  AME  IREET ADDRESS  ITH-ST-ZIP  TLE  AME  IREET ADDRESS  ITH-ST-ZIP  TLE  AME  IREET ADDRESS  TY-ST-ZIP  TLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change Change	Addition Addition Addition	( CR2En34 (11/98)
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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 or 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 13 if shanged, or on an attachment with an address, with all other like empowered.

SIGNATURE