

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 27 1998 8:00am  
Secretary of State

DOCUMENT # P96000035026 (9)

1. Corporation Name  
BIGGER & BETTER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3275 SABAL SPRINGS BLVD NORTH FORT MYERS FL 33917-2013 US		Mailing Address 1420 SE 3RD STREET CAPE CORAL FL 33990	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 1505 SE 40th Street	
22 City & State		27 Suite C	
23 Zip		28 Cape Coral FL	
24 Country		29 33904	
25		30 U.S.A	
9. Name and Address of Current Registered Agent			
BLAIR, HEIDE 1420 SE 3RD STREET CAPE CORAL FL 33990			
10. Name and Address of New Registered Agent			
81 Name H.S. Blair & Associates, Inc.			
82 Street Address (P.O. Box Number is Not Acceptable) 1505 SE 40th Street			
83 Suite C			
84 City Cape Coral FL			
85 Zip Code 33904			
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		DATE	
S. de Rocco		4-17-98	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1.1 TITLE	
NAME	GOTTSCHALK, HANS-JURGEN	1.2 NAME	
STREET ADDRESS	61389 FELDBERGBLICK N	1.3 STREET ADDRESS	
CITY-ST-ZIP	SCHMITTEN GERMANY	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE:

S. de Rocco

4-17-98

941-549-9499

CR2E034 (10/97)