

FILED

May 29 1998 8:00am
Secretary of State

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

PROFIT
CORPORATION
ANNUAL REPORT
1998FLORIDA DEPARTMENT OF STATE
Bandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # P96000095127
1. Corporation Name

BIG E, INC.

Principal Place of Business

Mailing Address

9669 NE 6TH BLVD
WILWOOD, FL 347852421 N. UNIVERSITY DR
CORAL SPRINGS, FL
33065

2. Principal Place of Business

2A. Mailing Address

3. State, Apt. #, etc.

3A. Suite, Apt. #, etc.

4. City & State

4A. City & State

5. Zip

5A. Country

5B. Zip

5C. Country

6. Name and Address of Current Registered Agent

MARC R. POLLACK
2421 N. UNIVERSITY DR.
CORAL SPRINGS, FL 3306581. NAME
MARC R. POLLACK82. Street Address (P.O. Box Number is Not Acceptable)
2421 N. UNIVERSITY DR.

83.

84. City
CORAL SPRINGS

FL

85. Zip Code
33065

11. Pursuant to the provisions of Sections 607.0512 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

MARC R. POLLACK

4/28/98

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 113.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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:

ELLIS JOHNSON

954-96-0511

4/28/98