

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90214 049 \*\*\*150.00

DOCUMENT # P96000095127

1. Corporation Name  
BIG E, INC.

Principal Place of Business

9669 NE 6TH BLVD  
WILDWOOD FL 34785

Mailing Address

2421 N UNIVERSITY DR  
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1996

4. FEI Number

59-3417482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 2519 Monterey Court

27 Suite, Apt. #, etc.

28 City & State

29 33327 30 USA

9. Name and Address of Current Registered Agent

POLLACK, MARC R  
2421 N UNIVERSITY DR  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

Marc R. Pollack

82 Street Address (P.O. Box Number is Not Acceptable)

2825 University Drive

83 Suite 350

84 City

Coral Springs

FL

85 Zip Code

33065

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 PTD ☐ DELETE  
NAME JOHNSON, ELLIS  
STREET ADDRESS 8107 TRADERS HOLLOW LANE  
CITY-ST-ZIP INDIANAPOLIS IN 46278

TITLE SV ☐ DELETE  
NAME JOHNSON, SIMONE  
STREET ADDRESS 8107 TRADERS HOLLOW LANE  
CITY-ST-ZIP INDIANAPOLIS IN 46278

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

1.1 TITLE SAME ☒ Change ☐ Addition  
1.2 NAME SAME  
1.3 STREET ADDRESS 6861 Fox Lake Ct.  
1.4 CITY-ST-ZIP SAME

2.1 TITLE Same ☒ Change ☐ Addition  
2.2 NAME Same  
2.3 STREET ADDRESS 6861 Fox Lake Ct.  
2.4 CITY-ST-ZIP Same

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Ellis Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99  
Date

954-385-1245  
Daytime Phone #

0163231

11/98