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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000040423**

1. Corporation Name

Principal Place of Business

BIG TECHNOLOGIES, INC.

243 NORTHWES OCONUT CREE	ST 45TH AVENUE K FL 33066	2243 NORTHWEST 45TH AVENUE COCONUT CREEK FL 33066					DO NOT WE	RITE IN THIS	SPACE	
-			-			3. Date Inco	rporated or Qualife	d		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			A	pplied For
21		26				65-07513	307		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.75	Additional
22		27				5. Certificate	of Status Desired		Fee R	equired
City & Stat	e	City & State				6. Election C	Campaign Financing		\$5.00	May Be
23		28				Trust Fun	d Contribution	' _□	Added	to Fees
Zip	Country	Zip	Col	untry		8. This corpo	oration owes the cu	rrent year Int	angible	1
24	25	29	30			Personal	Property Tax.		Yes	□No
	9. Name and Address of Cu	rrent Registered Agent	•		1	10. Name an	d Address of New	Registered.	Agent	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE					1/	ACK S(P.O. Box NI	WADEL umber is Not Accept	MAN	<u>/</u>	
CORA	AL GABLES FL 33134			83		, , , , , ,				
				84 City	Y CAC	ANUT	CREEK	FL		Code
11. Pursuant	to the provisions of Sections 607	0502 and 607 1508. Florida Stat	utes the a	bove-nam					changing it	s registered
office or r agent. I a	to the provisions of Sections 607 egistered agent, or both, in the St m familiar with, and accept the ob	oligations of, Section 607.0505, F	ionda Sta	wes.	orporation's	board of dire	ctors. I hereby acc			ēģistereci
SIGNATURE	Signatur, typed or printed have of registered		ELN TE: Registere		ture required wh	en reinstating)		/- 22-	-77	
12.	OFFICERS	S AND DIRECTORS	13.		. , .	ADDITION	S/CHANGES TO O	FFICERS AN		
TITLE	PSTD	☐ DELETE	1.1 T	TITLE					☐ Change	Addition
NAME	NADELMAN, JACK		1.2 N	NAME						
STREET ADDRESS	2243 NORTHWEST 45TH AV	'ENUE	1.3 5	STREET ADDRI	ESS					ł
CITY-ST-ZIP	COCONUT CREEK FL 33066		1.4 0	CITY-ST-ZIP						
TITLE		☐ DELETE	2,1 T	TITLE		•			Change	Addition
NAME			2.2 N	NAME						[
STREET ADDRESS			2.3 9	STREET ADDRI	ESS					1
CITY-ST-ZIP			2.4	CITY-ST-ZIP]					
TITLE		☐ DELETE	3.1 7	ITTLE					Change	Addition
NAME			3.2 N	NAME						
STREET ADDRESS			3.3 8	STREET ADDR	ESS					
CITY-ST-ZIP			3.4.6	CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 7	TITLE				,	☐ Change	☐ Addition
NAME			4.21	NAME		-		•		
STREET ADDRESS			4.3 9	STREET ADDR	ESS					
CITY-ST-ZIP			4.4 0	CITY-ST-ZIP						
TITLE		☐ DELETE	5.17	TITLE					☐ Change	Addition
NAME			521	NAME						
STREET ADDRESS			5.3 \$	STREET ADDR	ESS					
CITY-ST-ZIP			5.4 (CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 T	IIILE					Change	☐ Addition
NAME			6.2	NAME						1
	l									1

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 off an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90246 025 ***150.00