SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90012 018 ***550.00

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DOCHMENT #	
DOCOMENT #	_D0Q000011400
1. Corporation Name	P98000011402

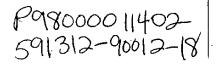
BIG BEN, INC.

SIGNATURE:

Principal Place		Mailing Address		, , , , , , , , , , , , , , , , , , , ,	
4275 SOUTHSID	DE BOULEVARD	4275 SOUTHSIDE BOULEVA	ARD		
UNIT 4 JACKSONVILLE FL 32256		UNIT 4 JACKSONVILLE FL 32256		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	-
				02/04/1998	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 113 Lampl	ighter hane	59-3502570	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	J	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			<u>.</u>
City & State		City & State	RIFI	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	28 Ponte Vedra	Country	Trust Fund Contribution L	
24	25	——————————————————————————————————————	30	 This corporation owes the current years. Intangible Personal Property. 	Yes No
14	9. Name and Address of Curro			10. Name and Address of New Regist	
			81 Name		
COL	eman, benjamin l		82 Street Add	ress (P.O. Box Number is Not Acceptable)	:
4275	S SOUTHSIDE BOULEVARD		113	Lamplater Lane	
UNIT	T 4		83	3.	<u> </u>
JACI	KSONVILLE FL 32256		94 City		es Zin Code
			84 City	vedra Beach	FL 85 Zio Code 32082
11. Pursuant	to the provisions of sections 607.05	502 and 607.1508, Florida Statute	e the above named como	pration submits this statement for the nurnose	of changing its registered
office or	registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida. Such change was a	uthorized by the corporati	ion's board of directors. I hereby accept the	appointment as registered
aga					112199
CICAIATURE		(deman		•	111217
SIGNATURE	Signature, typed printed name of registered as	gent and title if applicable. (NO	TE: Registered Agent signature req		ATE
SIGNATURE	OFFICERS A		13.	quired when reinstating) ADDITIONS/CHANGES TO OFFICEF	ATE
SIGNATURE 12. TITLE		gent and title if applicable. (NO			ATE
12.	PD COLEMAN, KRISTA J	gent and title if applicable. (NO AND DIRECTORS DELETE	13.		RS AND DIRECTORS IN 12
12.	PD COLEMAN, KRISTA J 4275 SOUTHSIDE BOULEVAR	gent and title if applicable. (NO AND DIRECTORS DELETE	13. 1.1 TITLE		RS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PD COLEMAN, KRISTA J 4275 SOUTHSIDE BOULEVAF JACKSONVILLE FL 32256	gent and title if applicable. (NO AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		RS AND DIRECTORS IN 12 Change Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PD COLEMAN, KRISTA J 4275 SOUTHSIDE BOULEVAF JACKSONVILLE FL 32256 VTSD COLEMAN, BENJAMIN L	gent and title if applicable. (NO AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		RS AND DIRECTORS IN 12 Change Addition
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BIG BEN INC.

113 Lamplighter Lane Ponte Vedra, Fl. 32082



July 13, 1999

Divisions of Corporations

Annual Reports Filings P.O. Box 1500 Tallahasse, Fl. 32302-1500

Dear Sir or Madam:

The office of Big Ben Inc. has no record of receiving a notice to file the profit corporation annual report. Therefore, we humbly request that you waive the 400-dollar penalty assessed to Big Ben Inc. We also request that future correspondence be sent to our mailing address 113 Lamplighter Lane Ponte Vedra, Fl. 32082, instead of our principal place of business.

Sincerely,

Ben Coleman Vice President