## 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

## DOCUMENT # P98000080130

1. Corporation Name

BIG BANG MANAGEMENT, INC.

Principal	Place o	of Busi	iness

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90231 034 \*\*\*150.00



										. <b> </b>		83   188)
Principal Place	e of Business	Mailing Address					••					
120 N. US HWY. ONE. SUITE 200 120 N. US HWY. ONE. SUITE TEQUESTA FL 33469 TEQUESTA FL 33469		200				20.1	IOT MOIT	E IN TUIC	CDACE			
					3. Date Incorporated or Qualifed		TE IN THIS SPACE					
								Qualifed				
						09/11/19						
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Numb	$^{\text{er}}$	250	7	$\vdash$	Applie	
21		26				65-	<u>0703</u>	$\mathcal{Y} \mathcal{O} \mathcal{C}$	1		<del></del>	oplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate	of Status D	esired		\$8.7		
22		27									Requir	
- City & State	e in the second	City & State	,~-,			6. Election C			Ò	,	0 Ma	· .
23		28					Contributi				ed to F	ees
Zip	Country	Zip Country			8. This corporation owes the current year Intangible							
24	25	<del></del>	29 30			Personal Property Tax.  Yes No						No
	9. Name and Address of Current	Registered Agent				10. Name and	Address	of New R	egistered /	Agent		
		( , , , , , , , , , , , , , , , , , , ,		81	Name							
-NEW	HALL, COLLEEN NELSON	2 Maria the	γU	82	Street Add	ress (P.O. Box Nu	mber is No	t Accepta	ble)	• •		
·* 120	120 N. US HWY. ONE, SUITE 200			-	01.0017100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,			
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	•	-		84	City				FL	85  Z	ip Cod	•
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes of Florida, Such change was auth	the ab	ove-	-named corp	poration submits thion's board of direct	nis stateme ctors. I here	nt for the by accep	purpose of t the appoir	changing ntment as	its reg regist	istered ered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statu	ites.								
SIGNATURE												\
	Signature, typed or printed name of registered agent		<u> </u>	Agent	signature require	ed when reinstating)	NOUANOE	C TO OF	DATE	ID DIDEC	TORC	IN 12
12.	OFFICERS AND	DELETE	13.			ADDITIONS	SICHANGE	3 10 OF	-ICERS AN	Chang		Addition
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NAME	NELSON, COLLEEN N 7 In C	21164	1.2 NA			COLLEEN	[ <u>[</u> ]	VC L	3010			
STREET ADDRESS	120 N. US HWY. ONE, SUITE 2	90	1.3 STI	REET	ADDRESS							
CITY-ST-ZIP	TEQUESTA FL 33469		1.4 CIT		-ZIP							Addition
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NAME			6.2 NA									
STREET ANDRESS			6.3 ST	KEET.	ADDRESS [							ļ

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 addyss, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP