


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).

**FILED**  
**Jul 06, 1999 8:00 am**  
**Secretary of State**

07-06-1999 90005 029 \*\*\*550.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P98000104615</b>		
1. Corporation Name <b>BIG DADDY'S CLASSICS, INC.</b>		

Principal Place of Business <b>739 NORTH DRIVE, SUITES D</b> <b>MELBOURNE FL 32934</b>	Mailing Address <b>739 NORTH DRIVE, SUITES D</b> <b>MELBOURNE FL 32934</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/17/1998</b>	4. FEI Number <b>59.354-7467</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business <b>21 739 North Drive - B</b>	2a. Mailing Address <b>26 739 North Drive</b>
Suite, Apt. #, etc. <b>22 SUITE D</b>	Suite, Apt. #, etc. <b>27 SUITE D</b>
City & State <b>23 Melbourne, FL</b>	City & State <b>28 MELBOURNE, FL</b>
Zip <b>24 32934</b>	Country <b>25 US</b>
Zip <b>29 32934</b>	Country <b>30 US</b>

9. Name and Address of Current Registered Agent <b>VALDES-FAULI CORPORATE SERVICES, INC.</b> <b>777 S. FLAGLER DRIVE, SUITE 500E</b> <b>WEST PALM BEACH FL 33401</b>	10. Name and Address of New Registered Agent <table border="1"><tr><td>81 Name</td><td></td></tr><tr><td>82 Street Address (P.O. Box Number is Not Acceptable)</td><td></td></tr><tr><td>83</td><td></td></tr><tr><td>84 City</td><td><b>FL</b></td></tr><tr><td>85 Zip Code</td><td></td></tr></table>	81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	<b>FL</b>	85 Zip Code	
81 Name											
82 Street Address (P.O. Box Number is Not Acceptable)											
83											
84 City	<b>FL</b>										
85 Zip Code											

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>CECIL FIELDER</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PRESIDENT, Treasurer</b>		1.2 NAME	
STREET ADDRESS <b>700 ANHEUSERSTAV.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MELBOURNE, FL 32940</b>		1.4 CITY-ST-ZIP	
TITLE <b>Vice President, Secretary</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RICHARD FULLICK</b>		2.2 NAME	
STREET ADDRESS <b>704 W. 818 HAFTEZ ST.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>ME. PALM BAY, FL 32907</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** **6/30/99** **407-259-2427**

CR2E034 (5/99)