

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V07366** (0)

1. Corporation Name
ROBERT J. BIGGE, JR., P.A.



Principal Place of Business 1120 SE 3RD AVE FT. LAUDERDALE FL 33316 US	Mailing Address 1120 SE 3RD AVE FT. LAUDERDALE FL 33316 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 315 NE THIRD AVE Suite, Apt. #, etc. 22 Second Floor City & State 23 Ft. Lauderdale, FL Zip 24 33301		2a. Mailing Address 26 315 NE THIRD AVE Suite, Apt. #, etc. 27 Second Floor City & State 28 Ft. Lauderdale, FL Zip 29 33301		3. Date Incorporated or Qualified 01/17/1992	
25 USA		30 USA		4. FEI Number 65-0331040	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BIGGE, ROBERT J. JR 1120 SE 3RD AVE FT. LAUDERDALE FL 33316				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 315 NE THIRD AVE			
				83 Second Floor			
				84 City Ft. Lauderdale FL 85 Zip Code 33301			

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

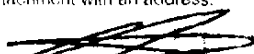
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIGGE, ROBERT J JR			1.2 NAME			
STREET ADDRESS	1120 SE 3RD AVE			1.3 STREET ADDRESS	315 NE THIRD AVE, Second Floor		
CITY - ST - ZIP	FT. LAUDERDALE FL			1.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY - ST - ZIP				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:



4/2/98

054-462-9608

CR2E034 (10/97)