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**

FILED Apr 05, 1999 8:00 am Secretary of State 04-05-1999 90005 011 ***150.00

DOCUMENT # 399787							
1. Corporation	ii ivanie	、 ·					
REKNIE	LITTLE DISTRIBUTORS, INC	je.				(6.: 8:8: 8:6: 8:6: 8:8: 1	-1611 61511 1661
Dringing Digg		Mailin - Address					
Principal Plac		Mailing Address					
4105 MAINE AVENUE P.O. BOX 1128 EATON PARK EATON PARK FL 33840							
EATON PARK FL 33840 US				DO NOT WRITE IN THIS SPACE			
US				,	3. Date Incorporated or Qualifed		
					04/21/1972		
2. Principal P	lace of Business	- 2a. Mailing Address	right File		4. FEI Number	Ap	plied For
21		26			59-1419209	~	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22 City 9 Care		City & State			<u> </u>	Fee Re	·
City & Stat	e	···			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	•
Zip	Country	28	Country		This corporation owes the current year		10 F 6 6 5
24	25	29 30	·		Personal Property Tax.	XXYes	□No
	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Register		
			81	Name	, ,		
	DOWIN, JAMES W ESQ.	•	82	Stroot Adds	ress (P.O. Box Number is Not Acceptable)		
11 MADISON ST, STE 2300			02	Street Addi	ess (F.O. Box Number is Not Acceptable)		
TAM	IPA FL 33602		83				<u> </u>
			84	City		85 Zip (Code
		·		City		L S Zp	
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statutes	, the above	-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its	registered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florid	la Statuțes.	ne corporanc	on's board of directors. Thereby accept the ap	politiment as rej	giotered
SIGNATURE			•				
12.	Signature, typed or printed name of registered agen		egistered Agent	signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DC IN 12
TITLÉ	OFFICERS AN	D DIRECTORS DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change.	Addition
NAME	LITTLE, BERNIE		1.2 NAME				
STREET ADDRESS	4105 MAINE AVENUE		1.3 STREET	ADODESS			
CITY-ST-ZIP	EATON PARK FL		1.4 CITY-ST-				
TITLE	STD	DELETE	2.1 TITLE			Change	Addition
NAME	HAM, REBECCA		22 NAME		•		_
STREET ADDRESS		را دخ س یر بسیم ت و ب	2.3 STREET	ADORESS	and the second of the second s	ELM, SP C C	- ^
CITY-ST-ZIP	EATON PARK FL		2. 4 CITY-ST	-			
TITLE	PD	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	LITTLE, JOSEPH K		3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	EATON PARK FL		3.4. CITY-ST	-ZIP			
πιε	D	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	LITTLE, JANE		4, 2 NAME				
STREET ADDRESS	4105 MAINE AVENUE	1	4.3 STREET	ADORESS .	•		ı
C/TY-ST-ZIP	EATON PARK FL		4.4 CITY-ST	-ZIP	<u> </u>		
TITLE		☐ DELETE	5.1 TITLE		• •	Change	Addition
NAME	· · ·		5.2 NAME			,	
STREET ADDRESS	-		5.3 STREET				į
CITY-ST-ZIP v		C) Nel ETC	5.4 CITY-ST- 6.1 TITLE	-ZIP			
TITLE	1 A A 1 . 3 C 7#	☐ DELETE	6.1 NAME			☐ Change	☐ Addition
NAME (35.	and 1992年 - 19	,	6.3 STREET	ADDRESS			,
STREET ADDRESS							
CITY-ST-ZIP	1		6.4 CITY-ST-	· 41.	•		

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 logal 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 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:



7/29/99

941-665-5100

Daytime Phone #