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Secretary of State

03-06-1999 90033 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000013896

1. Corporation Name
 LITTLE NANCY'S SUNRISE VIDEO, INC.



Principal Place of Business: 359 PERIWINKLE WAY, SANIBEL ISLAND FL 33957
 Mailing Address: 359 PERIWINKLE WAY, SANIBEL ISLAND FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1995
 4. FEI Number: 65-0567220
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

HEFFNER, NANCY R
 359 PERIWINKLE WAY
 SANIBEL ISLAND FL 33957

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: FL 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DPS	HEFFNER, NANCY R.	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12210 KELLY GREENS BLVD. #73	FORT MYERS FL	1.2 NAME: 9701 FOXGLOVE CIRCLE
CITY-ST-ZIP: FORT MYERS FL		1.3 STREET ADDRESS: FORT MYERS, FL 33919-4906
CITY-ST-ZIP: FORT MYERS FL		1.4 CITY-ST-ZIP: FORT MYERS, FL 33919-4906
TITLE: DVT	HEFFNER, RALPH A.	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12210 KELLY GREENS BLVD. #73	FORT MYERS FL	2.2 NAME: 9701 FOXGLOVE CIRCLE
CITY-ST-ZIP: FORT MYERS FL		2.3 STREET ADDRESS: FORT MYERS, FL 33919-4906
CITY-ST-ZIP: FORT MYERS FL		2.4 CITY-ST-ZIP: FORT MYERS, FL 33919-4906
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE		3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE		4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE		5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Nancy R. Heffner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-99 Date
 941-466-9774 Daytime Phone #

CR2E034 (11/98)