FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

	1996	DIVISION OF C	y or state ORPORATIO	ONS				
DOCUI 1. Corporation	MENT # 46513	1 (1)						
LITTLE	JOHN BOOKKEEPING COF	PORATION						
Principal Place of Business		Mailing Address			1 I I I I I I I I I I I I I I I I I I I	il ildi əleki biəki i	ilekt ofoll bigil bigil (i	
5080 PONDEROSA LANE WEST PALM BEACH FL 33415		5080 PONDEROSA LANE						
WEST PALM US	BEACH FL 33415	WEST PALM BEACH FL : US	33415				_	
					3. Date Incorporated or Qualified 11/12/1974		of Last Report 01/1995	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied Fo)r
21		26		59-1558902		Not Applic		
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	П	\$8.75 Additiona	ai
City & State	3	Orty & State		6. Election Campaign Financing		Fee Required		
23		28		Trust Fund Contribution		\$5.00 May Be Added to Fees	3	
Ζιρ	Country	Zip	Country		8. This corporation has liability for		under s 199.032,	
24	9. Name and Address of Curren		30		Florida Statutes Y Yes 10. Name and Address of New F	No No		
			81	Name	10, Walle bild Address of New P	registered At	jent	
LITTLEJOHN, SALLIE H			82	Street Add	tress (P.O. Box Number is Not Acceptate	nle)		
	NDEROSA LANE				TICSS (1.0. Dos Hamber is Not Acceptat	, nc)		
WEST P	ALM BEACH FLORIDA 33415		83					
			84	City		El	85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above r	amed corpo	pration submits this statement for the purard of directors. I hereby accept the app	roose of chan	ning its registered r	office
or registeri familiar wit	ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	d. Such change was authorized on 607,0505, Florida Statutes.	by the corpo	oration's bo	and of directors. I hereby accept the app	ointment as re	gistered agent. Lar	m
SIGNATURE .								
12.	Signature, typed or printed have of rejectived agent OFHOERS AND	antiferappidable (NOTE) DIRECTORS	Fagistered Age i	Signature region	ad wher reinstating:	DATE		
TITLE	PD	DELETE	I 1 TIT_E		ADDITIONS/CHANGES TO OFF		Change	inn
NAME			1.2 NAME				onango	
STREET ADDRESS	5080 PONDEROSA LN.		1.3 STHEET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL		14 CITY-ST-ZIP					
TITLE	ND DEFEIE		2 1 TITLE				Change	on
NAME LITTLEJOHN III, BLAIR R. STREET ADDRESS 5080 PONDEROSA LN.			2.2 NAME					
CITY-ST-ZIP	W DALM DEACH EL		2 3 STREET 2 4 CHTY - ST					
TITLE	SD	DELETE 3 1		1-211		<u>[]</u>	Change Additi	ion
NAME	LITTLEJOHN, SALLIE H	3 2 N				_	• <u> </u>	
STREET ADDRESS	5080 PONDEROSA LN.		33 STREET	ADDRESS				
CHY-ST-ZIP	C of the		3.4 CITY - \$1	I - ZIP				
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STREET ADDRESS			4.2 NAME 4.3 STREET	ADDOLCC				
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NAMÉ			5.2 NAME			_		
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP		DOLLET	5 4 CITY - ST	- 218				
TITLE NAME		☐ DELETE	6 1 TITLE				Cnange 🔲 Additio	ori
STREET ADDRESS			6.2 NAME 6.3 STREET A	*DUBLES				
CITY-ST-ZIP			6.4 CHY-ST					
	certify that the information supplied w	th this fling is voluntarily furnished	ed and does	not qualify	for the exemption stated in Section 119.	0?(3)(k), Florid	a 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, Flor da Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a reaching of the corporation of th

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 407/613-9091