

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhym
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **651320**

(4)

95 JAN 13 AM 9:27

1. Corporation Name

KARL LITTEN, INC.

Principal Place of Business

Mailing Address

4722 NW BOCA RATON BOULEVARD, C-106
BOCA RATON FL 33431-1873

4722 NW BOCA RATON BOULEVARD, C-106
BOCA RATON FL 33431-1873

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/09/1979

3a. Date of Last Report

02/15/1994

4. FEI Number

59-1937123

Applied For

Not Applicable

5. Certificate of Status Desired

\$6.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LITTEN, KARL
4722 NW BOCA RATON BOULEVARD, C-106
BOCA RATON 33431-1873

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

Signature (typed or printed name of registered agent and the corporation)

Signature (typed or printed name of registered agent and the corporation)

(SAY)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PD
LITTEN, KARL
4722 NW BOCA RATON BLVD.
BOCA RATON FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

ST
LITTEN, NANCY
4722 NW BOCA RATON BLVD.
BOCA RATON FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate for the information stated in Section 119.03(6), 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 appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or is an appointment with an address.

SIGNATURE:

Karl Litten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karl Litten

1-9-95

(407) 998-0330

Date

Telephone Number