

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G19495

1. Corporation Name

LITTLE JOHN OF VENICE, INC.

Principal Place of Business

222 S. Westmonte Dr.
#204
Altamonte Springs, FL
32714

Mailing Address

~~222 S. Westmonte Dr.~~
~~#204~~
~~Altamonte Springs, FL~~
~~32714~~

3. Date Incorporated or Qualified
01/20/1983

3a. Date of Last Report
04/18/95

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 P.O. Box 2809

27 Suite, Apt. #, etc.

28 City & State
Orlando, FL

29 Zip Country
32802-2809 USA

4. FEI Number
59-2339900

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KAPLAN, ERIC J.
1110 BRICKELL AVE.
SUITE 3100
MIAMI, FL 33131

10. Name and Address of New Registered Agent

81 Name
TIMOTHY J. MANOR

82 Street Address (P.O. Box Number is Not Acceptable)
215 N. EOLA DRIVE

83

84 City Zip Code
ORLANDO, FL 32801

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D
NAME EDWARDS, FRED CECIL, JR.
STREET ADDRESS 748 BANANA LAKE RD.
CITY-STATE-ZIP LAKE MARY, FL

☐ DELETE

TITLE S/T/D
NAME EDWARDS, CHRISTA
STREET ADDRESS 748 BANANA LAKE RD.
CITY-STATE-ZIP LAKE MARY, FL

☐ DELETE

TITLE ~~ACC~~
NAME ~~KAPLAN, ERIC~~
STREET ADDRESS ~~204 BRICKELL BLVD~~
CITY-STATE-ZIP ~~MIAMI, FL~~

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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-05/20/96--01032--020
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 788-3177