

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 14, 1999 8:00 am  
Secretary of State

04-14-1999 90009 033 \*\*\*150.00

DOCUMENT # G41204

1. Corporation Name  
LITTLE WHEEL ENTERPRISES, INC.

Principal Place of Business  
500 E. BROWARD BLVD., PENTHOUSE II  
FT LAUDERDALE FL 33394

Mailing Address  
500 E. BROWARD BLVD., PENTHOUSE II  
FT LAUDERDALE FL 33394

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1983

4. FEI Number

59-2388694

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 200 East Las Olas Blvd.

Suite, Apt. #, etc.

22 Suite 1850

City & State

23 Fort Lauderdale, FL

Zip

24 33301

Country

25 USA

2a. Mailing Address

26 200 East Las Olas Blvd.

Suite, Apt. #, etc.

27 Suite 1850

City & State

28 Fort Lauderdale, FL

Zip

29 33301

Country

30 USA

9. Name and Address of Current Registered Agent

ROTELLA, GARY J.  
500 E. BROWARD BLVD., PENTHOUSE II  
FT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
200 East Las Olas Blvd.

83 Suite 1850

84 City  
Fort Lauderdale

FL

85 Zip Code  
33301

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 Gary J. Rotella

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/99

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME ROTELO, GARY J.  
STREET ADDRESS 500 E. BROWARD BLVD., PENTHOUSE II  
CITY-ST-ZIP FT LAUDERDALE FL 33394

☐ DELETE

TITLE D  
NAME ROTELO, WILLIAM J.  
STREET ADDRESS 500 E. BROWARD BLVD., PENTHOUSE II  
CITY-ST-ZIP FT LAUDERDALE FL 33394

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

200 East Las Olas Blvd., Suite 1850  
Fort Lauderdale, FL 33301

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

6550 N. Federal Highway, Suite 330  
Fort Lauderdale, FL 33308

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY J. ROTELLA, Director

Date

954-763-2500

Daytime Phone #

CR2E034 (11/98)

0557566