

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 17, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1999



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

02-17-1999 90005 019 \*\*\*\*150.00

DOCUMENT # **J77046**

1. Corporation Name  
**LITTLE FARM PROPERTIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 5154 ISLAND VIEW CIRCLE, NORTH POLK CITY FL 33868  
 Mailing Address: 5154 ISLAND VIEW CIRCLE, NORTH POLK CITY FL 33868

3. Date Incorporated or Qualified: **06/08/1987**

4. FEI Number: **59-2829953** 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  
 2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 22  
 City & State: 23  
 Zip: 24 Country: 25  
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**ROCKMAN, LOUIS M.**  
**8500 SW 92 ST**  
**SUITE 106**  
**MIAMI FL 33156**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHAUFLE, JACK	
STREET ADDRESS	5154 ISLAND VIEW CIRCLE, NORTH	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHAUFLE, NANCY	
STREET ADDRESS	3050 N.E. 39TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SCHAUFLE, NANCY	
STREET ADDRESS	5154 ISLAND VIEW CIRCLE, NORTH	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EDMONDS, EDWIN	
STREET ADDRESS	3050 N.E. 39TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nancy Schaufele Sec. Treas* 1/19/99 941-984-8117  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)