

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:39

DOCUMENT # **K48408** (4)

LITTLEFIELD DESIGNS INTERNATIONAL, INC.

Principal Officer of Registered Agent: **HERBERT A. HAMILTON, JR**
8902 N DALE MABRY HWY STE 105
TAMPA 33614-8579

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 12/01/1988	3a. Date of Last Report 03/15/1994
4. FID Number 65-0087956	Applied For Not Applicable
5. Certificate of Status Issued <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Office (Business)	2a. Mailing Address
21	26
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HAMILTON, HERBERT A., JR 8902 N. DALE MABRY HWY SUITE 105 TAMPA FL 33614				B1	Name
				B2	Street Address (P.O. Box Number is Not Applicable)
				B3	
				B4	City
				B5	FL

11. Pursuant to the provisions of Sections 607.011 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal office 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 607.011, Florida Statutes.

SIGNATURE: _____ To: The Registered Agent (what is registered with the state)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D HAMILTON, HERBERT A., JR	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	8902 N. DALE MABRY HWY	2. STREET ADDRESS	
3. CITY	TAMPA FL	3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and equally for the exemption stated in law from the Florida Statutes. I further certify that the information included 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 treasurer or transfer agent appointed to receive this report as required by Chapter 207, Florida Statutes, and that my name appears on Block 13 of this filing (except for an annual filing) along with an address.

SIGNATURE: *Herbert A. Hamilton* 4/11/95 813-932-4538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR