

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PH 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98975** (0)

1. Corporation Name
LITTLE ROAD, INC.

Principal Place of Business 29656 US 19 NO STE 100 CLEARWATER FL 34621 US	Mailing Address 29656 US 19 NO STE 100 CLEARWATER FL 34621 US
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DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 09/11/1990	3a. Date of Last Report 04/20/1994
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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. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

4. FEI Number
59-3030470

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

10. Name and Address of New Registered Agent

**MARTIN, DANIEL N.
8406 MASSACHUSETTS AVENUE
#B-1
NEW PORT RICHEY FL 34653**

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 fee if applicable

NOTE: Registered Agent signature required after meeting.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	MINIERI, CARL
STREET ADDRESS	29656 US 19 NO, STE 100
CITY ST ZIP	CLEARWATER FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	

TITLE	ST
NAME	JACKSON, JANEAN
STREET ADDRESS	29656 US 19 NO, STE 100
CITY ST ZIP	CLEARWATER FL

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S ROTUNNO, DOROTHY
2.3 STREET ADDRESS	29656 US HWY 19 N #100
2.4 CITY ST ZIP	CLEARWATER FL 34621-1523

TITLE	
NAME	
STREET ADDRESS	
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	

TITLE	
NAME	
STREET ADDRESS	
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	

TITLE	
NAME	
STREET ADDRESS	
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	

TITLE	
NAME	
STREET ADDRESS	
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 (us) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 by an attachment with an address.

SIGNATURE: Dorothy Rotunno, Secretary **DOROTHY ROTUNNO** 4-27-95 P13-257-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Initial Name