SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **M80387** **(7)**

1. Corporation Name
LITTLE GIANT RESORTS, INC.

Principal Place of Business
2217 CLIPPER WAY
NAPLES FL 33942

Mailing Address
2217 CLIPPER WAY
NAPLES FL 33942

3. Date Incorporated or Qualified: **05/11/1988**
3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business
21 RD1 McDONALD RD
Suite, Apt. #, etc
22 PORT BYRON
City & State
23 NEW YORK
Zip 24 13140 Country 25 USA

2a. Mailing Address
26 P.O. BOX 349
Suite, Apt. #, etc
27 PORT BYRON
City & State
28 PORT BYRON N.Y.
Zip 29 13140 Country 30 USA

4. FEI Number: **65-0048076** ☐ 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
MONROE, JOHN
2217 CLIPPER WAY
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name: ROBERT W. PINE
82 Street Address (P.O. Box Number is Not Acceptable): C/O 14170 JET PORT LOOP
83
84 City: FORT MYERS FL 85 Zip Code: 33913

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: Robert W. Pine
Signature (typed or printed) name of registered agent and title if applicable: ROBERT W. PINE SECY-TREAS
(NOTE: Registered Agent's signature required when resigning)
DATE: 6/20/96

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	MONROE, JOHN	
STREET ADDRESS	2217 CLIPPER WAY	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	ROSS M. TISCI	
1.3 STREET ADDRESS	RD2 BOX 149	
1.4 CITY-ST-ZIP	AUBURN NY 13021	
2.1 TITLE	SECY-TREAS	☒ Change ☐ Addition
2.2 NAME	ROBERT W. PINE	
2.3 STREET ADDRESS	7 FAIRWAY DRIVE	
2.4 CITY-ST-ZIP	AUBURN, N.Y. 13021	
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		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ross M. Tisci, PRES. 6/20/96 (315) 253-5563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROSS M. TISCI