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Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P93000009661 (8)**

1. Corporation Name
LITTLE INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
745 MIRRO LAKE DR LEHIGH ACRES FL 33936 US	745 MIRROR LAKE DR LEHIGH ACRES FL 33936 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1993

2. Principal Place of Business	2a. Mailing Address
21 25 Homestead Rd. N.	26 25 Homestead Rd. N.
Suite, Apt. #, etc. 22 Suite 11	Suite, Apt. #, etc. 27 Suite 11
City & State 23 Lehigh Acres, FL	City & State 28 Lehigh Acres, FL
Zip 24 33936 Country 25 USA	Zip 29 33936 Country 30 USA

4. FEI Number: 65-0384935 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORGAN, JOHN M
302 LEE BLVD.
SUITE 102
LEHIGH ACRES FL 33936

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D.P.	☒ Change ☐ Addition
NAME	BOROSCH, EUGEN K		1.2 NAME	BOROSCH, EUGEN K.	
STREET ADDRESS	745 MIRROR LAKES DRIVE		1.3 STREET ADDRESS	25 HOMESTEAD Road N., Suite 11	
CITY-ST-ZIP	LEHIGH ACRES FL 33936		1.4 CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE		☐ DELETE	2.1 TITLE	V.	☐ Change ☒ Addition
NAME			2.2 NAME	Borosch, Concepcion M.	
STREET ADDRESS			2.3 STREET ADDRESS	25 Homestead Road N., Suite 11	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE (X) _____ 3/28/98