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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 20, 1999 8:00 am Secretary of State

FILED

02-20-1999 90102 015 ***150.00

DOCUMENT # P93000009661

1. Corporation Name

LITTE	INVESTMENT CORPORATION	;			
D: : ID:		AA 20 A 1 1			
Principal Plac		Mailing Address			
25 HOMESTEAL	D RD N	25 HOMESTEAD RD N			·
STE. 11 LEHIGH ACRES FL 33936		STE. 11 LEHIGH ACRES FL 33936			DO NOT WRITE IN THIS SPACE
US	712 00000	US	,		3. Date Incorporated or Qualifed
					02/08/1993
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0384935 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_ \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
	-	· · · · · · · · · · · · · · · · · · ·	81	Name	е
	rgan, John M		82	Ctrant	t Address (D.O. Bay Number is Not Assentable)
302 LEE BLVD.			02	Street	at Address (P.O. Box Number is Not Acceptable)
SUITE 102			83		, , , , , , , , , , , , , , , , , , ,
LEHI	IGH ACRES FL 33936				,
	•		84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes, t	he above	e-named o	d corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of	Florida. Such change was autho	rized by	the corpo	poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes.	•	
SIGNATURE	Simple	AND IT CONTENTS	*	• -lt	a required when reinstating) DATE
12.	Signature, typed or printed name of registered agent of OFFICERS AND		13.	t signature re	a required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP		1.1 TITLE		Change Addition
NAME	BOROSCH, EUGEN K		1.2 NAME		
	25 HOMESTEAD RD N STE 11			ADDOFFE	
STREET ADDRESS	LEHIGH ACRES FL 33936		1.3 STREET		·
CITY-ST-ZIP	V	— — — — — — — — — — — — — — — — — — —	1.4 CITY-ST 2.1 TITLE	-ZIP	☐ Change ☐ Addition
TITLE	'				· Ollarige [] Addition
NAME	BOROSCH, CONCEPCION M	1	2.2 NAME		
STREET ADDRESS	25 HOMESTEAD RD N STE 11	1	2.3 STREET	1	S
CITY-ST-ZIP	LEHIGH ACRES FL 33936		2. 4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		_	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	S Total
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	S .
CITY-ST-ZIP			4.4 CITY-ST	-ZIP	
TITLE			5.1 ππLE		☐ Change ☐ Addition
NAME			5.2 NAME		,
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP					
0// 1-01-ZII			5.4 CITY-ST	-ZIP	
TITLE			5.4 CITY-ST 6.1 TITLE	-ZIP	☐ Change ☐ Addition
		☐ DELETE		- ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE		

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:

941-369-2411 Daytime Phone #