

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Robertson
Governor of Florida
Tallahassee, Florida 32399-0001

APPROVED
FILED

30 MAY 1994 11:52

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000045945 (1)**

A LITTLE FUN, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business % TERRI D. ALFONSO 12734 S.W. 44TH TERRACE MIAMI FL 33175		2a. Mailing Address % TERRI D. ALFONSO 12734 S.W. 44TH TERRACE MIAMI FL 33175		3. Date Incorporated or Qualified 06/23/1993	3a. Date of Last Report 04/21/1994
2. Principal Place of Business 21. 1851 MURRELL ROAD	2a. Mailing Address 26. 1038 PELICAN LN	4. FCI Number 65-0425332	Applied For <input type="checkbox"/> Not Applicable		
22. UNIT 21	27. ROCKLEDGE FL.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23. ROCKLEDGE FL.	28. ROCKLEDGE FL	6. Election Campaign Financial Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24. 32955	25. BREVARD	29. 32955	30. BREVARD	7. These corporations have adopted the alternative filing system of Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ALFONSO, TERRI D 12734 SW 44TH TERRACE MIAMI FL 33175		10. Name and Address of New Registered Agent 81. Name ALFONSO, TERRI D 82. Street Address (P.O. Box Number is Not Acceptable) 1038 PELICAN LN. 83. 84. ROCKLEDGE FL 85. 32955			
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11. Pursuant to the provisions of Sections 607.0017 and 607.1509, 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 all aspects of Sections 607.0017 and 607.1509, Florida Statutes.

SIGNATURE: *Terris Alfonso* 4-27-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS (If any)	
12a. NAME D ALFONSO, TERRI D	12b. STREET ADDRESS 12734 S.W. 44TH TERRACE	13a. NAME D ALFONSO, TERRI D	13b. STREET ADDRESS 1038 PELICAN ROCKLEDGE FL 32955
12c. CITY MIAMI	12d. STATE FL	13c. CITY ROCKLEDGE	13d. STATE FL
12e. ZIP 33175	12f. TITLE D	13e. CITY ROCKLEDGE	13f. STATE FL
12g. NAME D ALFONSO, TERRI D	12h. STREET ADDRESS 12734 S.W. 44TH TERRACE	13g. CITY ROCKLEDGE	13h. STATE FL
12i. CITY MIAMI	12j. STATE FL	13i. CITY ROCKLEDGE	13j. STATE FL
12k. ZIP 33175	12l. TITLE D	13k. CITY ROCKLEDGE	13l. STATE FL
12m. NAME D ALFONSO, TERRI D	12n. STREET ADDRESS 12734 S.W. 44TH TERRACE	13m. CITY ROCKLEDGE	13n. STATE FL
12o. CITY MIAMI	12p. STATE FL	13o. CITY ROCKLEDGE	13p. STATE FL
12q. ZIP 33175	12r. TITLE D	13q. CITY ROCKLEDGE	13r. STATE FL

14. I, the filer, certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 607.0017(1)(b), Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if such certificate had been an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 in the form of an attachment with an address.

SIGNATURE: *Terris Alfonso* 4-27-95 407-633-4862