FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000045945 (1)

1. Corporation Name

A LITTLE FUN, INC.

Principal Place of Business

~~1851 MURRELL ROAD~~
~~UNIT 21~~
~~ROCKLEDGE FL 32955~~
US

Mailing Address

1038 PELICAN LANE
~~12734 S.W. 44TH TERRACE~~
ROCKLEDGE FL 32955
US

2. Principal Place of Business [21] *1038 PELICAN LANE*	**2a.** Mailing Address [26] *1038 PELICAN LANE*	**3.** Date Incorporated or Qualified **06/23/1993**	**3a.** Date of Last Report **05/01/1995**
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	**4.** FEI Number **65-0425332**	Applied For / Not Applicable
City & State [23] *ROCKLEDGE FL.*	City & State [28] *ROCKLEDGE FL.*	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip [24] *32955* Country [25] *BREVARD*	Zip [29] *32955* Country [30] *BREVARD.*	**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

ALFONSO, TERRI D
1038 PELICAN LANE
ROCKLEDGE FL 32955

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 _____

Signature Typed or printed name of Registered Agent (and title if applicable)   (the FEI Registered Agent's signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME **ALFONSO, TERRI D**	1.2 NAME		
STREET ADDRESS **1038 PELICAN LANE**	1.3 STREET ADDRESS		
CITY-ST-ZIP **ROCKLEDGE FL**	1.4 CITY-ST-ZIP		
TITLE ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP		
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		

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

SIGNATURE: *Terri D Alfonso*   633-48-62

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)