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Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000013879 (9)

1. Corporation Name

LIL' PEOPLE EXPRESS, INC.



Principal Place of Business

Mailing Address

1354 22ND ST  
SARASOTA FL 34234

1354 22ND ST  
SARASOTA FL 34234-7430

3. Date Incorporated or Qualified

02/16/1994

3a. Date of Last Report

02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Home

26 1354 22ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1354 22ND ST

27

City & State

City & State

23 SARASOTA, FLA.

28 SARASOTA, FLA.

Zip

Country

Zip

Country

24 34234

25 SARASOTA

29 34234

30 SARASOTA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDSON, MARY E  
1354 22ND ST  
SARASOTA FL 34234

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

(NOTE: Registered Agent signature required when reinstating)

1/24/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  
NAME RICHARDSON, MARY E  
STREET ADDRESS 1354 22ND ST  
CITY-ST-ZIP SARASOTA FL 34234

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD  
NAME RICHARDSON, DOLORES D  
STREET ADDRESS 1294 PANAMA DR  
CITY-ST-ZIP SARASOTA FL 34234

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD  
NAME MORGAN, CALVIN D  
STREET ADDRESS 43 CENTER ST  
CITY-ST-ZIP HARTFORD CT 06120

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

Signature and typed or printed name of signing officer or director  
PTD

1/24/97 - 941-957-3116  
Date Daytime Phone #

0420089

CR2E034 (9/96)