

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
95 APR 21 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077919 (6)**

1. Corporation Name  
**LITTLE FOOTPRINTS, INC.**

1819 TATTENHAM WAY  
ORLANDO FL 32837

Mailing Address  
1819 TATTENHAM WAY  
ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**10/21/1984**

3a. Date of Last Report

4. FEI Number  
**59-3283345**

Applied For  
 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 **1242 Semoran Blvd**

22 Suite, Apt. #, etc.

23 **Casselberry, FL**

24 Zip **32909** 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 **Casselberry, FL**

28 Zip **32909** 29 Country

30

9. Name and Address of Current Registered Agent

**BONET, MANUEL**  
**1819 TATTENHAM WAY**  
**ORLANDO FL 32837**

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 *Manuel Bonet* **Manuel Bonet, President** **14-19-95**

Signature (typed or printed name of registered agent and 150 if applicable) (NOTE: Registered Agent signature required when resigning) DATE

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------|---|---|
| TITLE                      | <b>D</b>                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BONET, MANUEL</b>      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1819 TATTENHAM WAY</b> | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>ORLANDO FL 32837</b>   | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>D</b>                  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COBURN, LIZA</b>       | 2.2 NAME  |   |
| STREET ADDRESS             | <b>1819 TATTENHAM WAY</b> | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>ORLANDO FL 32837</b>   | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 3.2 NAME  |   |
| STREET ADDRESS             |                           | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 4.2 NAME  |   |
| STREET ADDRESS             |                           | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 5.2 NAME  |   |
| STREET ADDRESS             |                           | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: *Manuel Bonet* **Manuel Bonet, President** **14-18-95**

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