

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

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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000086159 (8)

1. Corporation Name
LITTLE BIG FOOT BOUTIQUE, CORP.



Principal Place of Business 187 S. LAKE AVENUE PAHOKEE FL 33476	Mailing Address 197 S. LAKE AVENUE PAHOKEE FL 33476-1803
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/23/1994	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 P.O. Box 722	4. FEI Number 65-0532827		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 PAHOKEE, FL	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 33476	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 US	30 US		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCMANUS, TRENA V
197 S. LAKE AVENUE
PAHOKEE FL 33476

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT / DIRECTOR
NAME	MC MANUS, TRENA V	1.2 NAME	
STREET ADDRESS	1025 LARRIMORE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	PAHOKEE FL 33476	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	SEC / TREAS / DIRECTOR
NAME	MILLS, MARIA P	2.2 NAME	
STREET ADDRESS	971 GARDEN PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PAHOKEE FL 33476	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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: *Maria P. Mills* **MARIA P. MILLS** **3/20/97** **(561) 924-9947**

CR2E034 (9/96)