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Feb 14 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 # P95000043645 (7)

1. Corporation Name
LIL' RASCALS CONSIGNMENT, INC.



Principal Place of Business
22739 HORSESHOE WAY
BOCA RATON FL 33428

Mailing Address
22739 HORSESHOE WAY
BOCA RATON FL 33428-5505

3. Date Incorporated or Qualified 05/30/1995	3a. Date of Last Report 02/01/1996
4. FEI Number 65-0589014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 11387D W. Palmetto PK Rd Suite, Apt. #, etc.	2a. Mailing Address 26 11387D W. Palmetto PK Rd Suite, Apt. #, etc.
22 City & State 23 BOCA RATON, FL	27 City & State 28 BOCA RATON FL
24 Zip 33428	25 Country USA
29 Zip 33428	30 Country USA

9. Name and Address of Current Registered Agent
GERDUNG, ROBERT
22739 HORSESHOE WAY
BOCA RATON FL 33428

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	GERDUNG, NANCY
STREET ADDRESS	22739 HORSESHOE WAY
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	D <input type="checkbox"/> DELETE
NAME	GERDUNG, ROBERT
STREET ADDRESS	22739 HORSESHOE WAY
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	D <input type="checkbox"/> DELETE
NAME	HEMMER, STEVEN
STREET ADDRESS	22739 HORSESHOE WAY
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	D <input type="checkbox"/> DELETE
NAME	HEMMER, CARYN
STREET ADDRESS	22739 HORSESHOE WAY
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Robert Gerdung 2/9/97 561-852-1032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)