

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

FILED

May 15 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 # P95000047241 (1)

1. Corporation Name
LIL' LITTLE, CO.



Principal Place of Business 12801 WEST SUNRISE, STORE #869 SUNRISE FL	Mailing Address 12801 WEST SUNRISE, STORE #869 SUNRISE FL
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2. Principal Place of Business 21 12801 W. SUNRISE BLVD Suite, Apt. #, etc. 22 #943 City & State 23 SUNRISE, FL Zip 24 33323 Country 25		2a. Mailing Address 26 12801 W. SUNRISE BLVD Suite, Apt. #, etc. 27 #943 City & State 28 SUNRISE, FL Zip 29 33323 Country 30		3. Date Incorporated or Qualified 06/13/1995	3a. Date of Last Report 05/01/1996
				4. FEI Number 65-0591870	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	

9. Name and Address of Current Registered Agent ARIE MREJEN, P.A. 8380 W. OAKLAND PARK BLVD., STE. 307 SUNRISE FL 33351		10. Name and Address of New Registered Agent 81 Name ARIE MREJEN, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 83 ONE CYPRESS PLATE SUITE 401 W. CYPRESS CREEK ROAD 302 84 City FT. LAUD FL 85 Zip Code 33309	
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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 ARIE MREJEN, P.A. *Arrie Mrejen P.A.* 4/28/97
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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE D DAHAMAN, ELANA 1881 N.W. 105TH AVE. PLANTATION FL 33322	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE D COHEN, SCOTT R 2400 N.W. 118TH TERRACE CORAL SPRINGS FL 33065	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D COHEN SCOTT R 1157 NW 68 DRIVE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Scott R Cohen* SIGNATURE REQUIRED 4/20/97 346-2621
Signature and typed or printed name of signing officer or director Date Daytime Phone #