SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

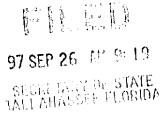
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042905 (5)

LITTON WINE CONSULTING, INC.

Principal Place of Business

Mailing Address





PEMBROKE PINES FL 33029			18740 NW FIRST STREET PEMBROKE PINES FL 33029					
						DO NOT WRITE		
						3. Date Incorporated or Qualified 05/13/1996	3a. Date of Las	! Report
_	Place of Business	2a. Ma	26. Mailing Address			4. FEI Number		Applied For
21	# ====	26				65-0667464		Not Applicable
Suite, Apt.		27				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
City & Stat	le	ŀ····₁	ty & State			6. Election Campaign Financing		00 May Bə
Zip	Country	[28] Zig		Coun	In a	Trust Fund Contribution		ed to Fees
24]	h1	25 29 30			uy	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
LIT	TON, MARTHA V	· ·			1 Name			
18740 NW FIRST STRIVET PEMBROKE PINES FL 33029						dress (P.O. Box Number is Not Acceptable)		
				ľ	Street Ad			
	•			ε	3			
	•				d City		7-1-	
					City	•	FL 85 Zi	ip Code
office or i	to the provisions of Section registered agent, or both, in am familiar with, and accept	ithe State of Florida. (Such change was a	authorized.	by the corpor	progration submits this statement for the parties at the parties a	urpose of changing t the appointment) its registered as registered
SIGNATURE								
	Signature, typed or printed name of				kgest signature req	ulred when reinstalling)	DATE	050
12.		CERS AND DIRECTO	The second of th	13. 1.1 Ditt	, —	ADDITIONS/CHANGES TO OFFIC		
NAME	MARTHA VERD OFFICERS	WICH LITTO	O Dieter	1.2 NAM		2000023		
STREET ADDRESS	18740 N.W. 1518	T`				-10/01/3	701086	
	PEMBEOKE FI	 OES, (1. 330.	9.8		L1 ADDRESS - S1 - 7/P	****550	"门门 米米米米	550.00
CITY-ST-ZIP	DEFICE		OFFEE	2.1 TITL	-		Change	e Addition
NAME	JOHN CHARLE	(((()))		22 N4M		·	LLI SHANG	7.00
STREET ADDRESS	18740 10. 18	STREET			ET ADDRESS			
CITY-ST-ZIP	PEMBROKE P.	NES EC. BAC.	¥5	4	- ST - ZIP			}
TITLE			DELETE	31 TITL		<u></u>	Change	e Addition
NAME	1			3.2 NAM	E			
STREET ADDRESS				3 3 STRE	ET ADDRESS			ŀ
CITY-ST-ZIP				3 4, C(1)	r-\$1-70P			}
TITLE			☐ DELFTE	4.1 1111			Change	e 🔲 Addition
NAME				4. 2 NAN	15			
STAEET ADDRESS				4.3 STRE	ET ADDRESS			
CITY-ST-ZIP				4.4 CITY	- S1 - ZIP			
TITLE			☐ DELET€	5.1 101.6			Change	e [_] Addition
NAME				5.2 NAM	£			}
STREET ADDRESS				5.3 STRE	FT ADDRESS			
CITY-ST-ZIP					· ST - ZiP			
TITLE			DEFFE	6.1 117 cE			Change	e L Addition
NAME				6.2 NAM				
STREET ADDRESS				6.3 STAC	ET ADDRESS	/		
City-St-ZiP				6.4 CITY	-ST-ZIP	100		

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)). 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