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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P97000007162 (5)

1. Corporation Name
LITTLE BANDITO, INC.

Principal Place of Business	Mailing Address
~~POST OFFICE BOX 1075~~ ~~SAN ANTONIO FL 33576~~ 9706 Sunny Oak Riverview, FL 33569	POST OFFICE BOX 1075 SAN ANTONIO FL 33576

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1997
4. FEI Number: 59-3439954 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 9706 Sunny Oak	26 9706 Sunny Oak
~~Suite, Apt. #, etc.~~	Suite, Apt. #, etc.
22 Riverview, FL (City & State)	27 Riverview, FL (City & State)
23 33569 (Zip)	28 33569 (Zip)
24 / 25 Country: Hillsborough	29 / 30 Country: Hillsborough

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 [signature] Marilyn B Rumore — 3/28/98 DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	SORGENFREI, MARY		1.2 NAME	Sorgenfrei, Mary	
STREET ADDRESS	~~POST OFFICE BOX~~ 1075		1.3 STREET ADDRESS	9706 Sunny Oak	
CITY-ST-ZIP	~~SAN ANTONIO FL~~ 33576		1.4 CITY-ST-ZIP	Riverview, FL 33569	
TITLE	T	☐ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	RUMORE, MARILYN		2.2 NAME	Rumore, Marilyn	
STREET ADDRESS	~~POST OFFICE BOX~~ 1075		2.3 STREET ADDRESS	11418 Cypress Park St	
CITY-ST-ZIP	~~SAN ANTONIO FL~~ 33576		2.4 CITY-ST-ZIP	Tampa, FL 33624	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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.

Marilyn B Rumore