:COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 AUG 20 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

)OCUMENT # **P97000024583**

Corporation Name
LITTLE SWIMMERS, INC.

7/12/99 900056 012 #150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
:7 SW 104TH PLACE MI FL 33173	7467 SW 104TH PLACE MIAMI FL 33173

3. Date Incorporated or Qualified: 03/19/1997

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country (25)	Zip / Country (26, 29, 30)

4. FEI Number: 65-0752173 ☐ 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

7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TAYLOR, GREGORY B 4801 S. UNIVERSITY DR., #303E DAVIE FL 33328	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.

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
:E	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
ME	LITTLE, GERALD P	1.2 NAME	
EET ADDRESS	7467 SW 104TH PLACE	1.3 STREET ADDRESS	
Y-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP	
:E	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME	TENDRICH, MERIC J	2.2 NAME	
EET ADDRESS	7467 SW 104TH PLACE	2.3 STREET ADDRESS	
Y-ST-ZIP	MIAMI FL 33173	2.4 CITY-ST-ZIP	
:E	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME		3.2 NAME	
EET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
:E	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME		4.2 NAME	
EET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
:E	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME		5.2 NAME	
EET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
:E	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME		6.2 NAME	
EET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

. 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.

IGNATURE: SIGNATURE REQUIRED 7/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE

To whom it may concern,

- I had never received the 1st notice.
- I was not aware of this until I received the second notice. I called and they said it would be waived (late fee) and to just send a check without payment for a late fee.