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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000043489**1. Corporation Name

LITTLE GRACE CORPORATION

FILED Feb 01, 1999 8:00am Secretary of State

02-01-1999 90009 033 ***150.00



Principal Place of Business Mailing Address		Mailing Address			(1001/1001 tim 1011) 10611 delts batti delts antiti a	(1001/1001 tile 1011) 1001) 1001) 601() 601() 601() 601() 601() 611() 611() 611()			
·		150 BRADLEY PLACE							
PALM BEACH FL 33480		PALM BEACH FL 33480			DO NOT WRITE IN THE	7			
					DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE			
		•			05/16/1997				
Principal Place of Business 2a. Mailing Address		2a. Mailing Address	<u></u>		4. FEI Number	Ap	plied For		
<u> </u>		<u> </u>			65-0752875	L1			
		Suite, Apt. #, etc.	3, Apt. #, etc.		_ \$8.75 Ad		Additional		
22 27			, ,		5. Certifcate of Status Desired	Fee Re			
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be		
		28	28		Trust Fund Contribution	Added t			
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year Inta	ngible			
24	25	29	30		Personal Property Tax.	☐Yes	□No		
	9. Name and Address of Current				10. Name and Address of New Registered	gent			
				81 Nan	ne .	,	, ,		
AMERILAWYER CHARTERED			}	82 Stre	eet Address (P.O. Box Number is Not Acceptable)	e 3	, ,		
	ALMERIA AVENUE				and the second s	·	1 - 1 - 1 - 1		
L COF	RAL GABLES FL 33134			83	2. (1. (1. (1. (1. (1. (1. (1. (1. (1. (1		10 10 10 10 10 10 10 10 10 10 10 10 10 1		
		• •	}	84 City	** ** ** ** ** ** ** ** ** ** ** ** **	85 Zip'(Code		
		٠,	ł	" "					
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the at	ove-nam	ed corporation submits this statement for the purpose of orporation's board of directors. I hereby accept the appoin	changing its	registered		
agent. I a	registered agent, or both, in the State o im familiar with, and accept the obligati	ons of, Section 607.0505, Flor	ida Statu	ites.	Diporation's board of directors. Thereby accept the appoin	i i	giotorea		
SIGNATURE					<i>'</i> //	2199	<i>ī</i>		
SIGNATURE	Signature, typed or printed name of registered agent			Agent signati	ure required when reinstating). DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition		
TITLE	PSTD	, DELETE	1.1 TIT		· · · · · · · · · · · · · · · · · · ·	Clange			
NAME	LEVY, DOROTHY		1.2 NA						
STREET ADDRESS	1			REET ADDRE	ESS				
CITY-ST-ZIP	PALM BEACH FL 33480		_	Y-ST-ZIP		Change	Addition		
TITLE		DELETE	2.1 TIT			[_] Criarige			
NAME			2.2 NA		· ·				
STREET ADDRESS				REET ADDRE	ESS .				
CITY-ST-ZIP	And the second	***	-1-	TY-ST-ZIP		Channa	Addition		
TITLE	PER YANGER CALIFORNIA TO A STATE OF THE STAT	DELETE	3.1 TT			☐ Change			
NAME SE	The state of the s		3.2 NA		,				
STREET ADDRESS			3.3 ST	REET ADDRÉ		T. US	建落桶 [編]		
CITY-ST-ZIP				TY-ST-ZIP	. 18 () [[] [] [] [] [] [] [] [] []	Change	- Addition		
TITLE		DELETE	4.1 TII		Mark Land Control of the Section 1985 And the Secti	· U change	· *: - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
NAME	200		4. 2 N/						
STREET ADDRESS	in the second	: 301		REET ADDRE	ESS				
CITY-ST-ZIP				Y-ST-ZIP		Change	☐ Addition		
TITLE TO		☐ DELETE	5.1 TTT			☐ Change			
NAME , ,			5.2 NA						
STREET ADDRESS	F810			REET ADDRE	55S				
CITY-ST-ZIP			5.4 CF						
TITLE	· 是10年 1. 最终的是10年	F7	P 4 T17	ry-st-zip		Change			
		☐ DELETE	6.1 TIT	LE		☐ Change	Addition		
NAME	BORNES PAS	☐ DELETE	6.2 NA	NE ME		☐ Change	Addition		
NAME STREET ADDRESS		☐ DELETE	6.2 NA 6.3 ST	LE		Change	Addition		

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, with all other like appowered.

SIGNATURE

NATIONAL PARTIES OF DIRECTOR

1/12/9

561 655 4068 Daytime Phone #

144/00)