## 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 # P98000011474

1. Corporation Name

THE PETITE ACORN, INC.

## **FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90063 021 \*\*\*155.00



| Oringinal Place   | of Business  | Mailing Address                    |                                    |  |                 | 10011 8181 1007 |
|---|--|------------------------------------|------------------------------------|--|-----------------|-----------------|
|   |  |                                    |                                    |  |                 |                 |
| 3898 FARRAGUT STREET 3898 FARRAGUT STREET HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 |  |                                    |                                    |  |                 |                 |
| HOLEHOOD IE 30021   |  |                                    |                                    | DO NOT WRITE IN THIS SPACE                     |                 |                 |
|   |  |                                    |                                    | 3. Date Incorporated or Qualifed 02/05/1998    |                 |                 |
| 2. Principal P  | lace of Business                                     | 2a. Mailing Address                | _ 1                                | 4. FEI Number                                  | . Ap            | plied For       |
| 21 245  | 5 Stilling Rd  |                                    | rling Rd                           | 65-0809816                                     | No              | t Applicable    |
| Suite, Apt.   | # etc  | Suite, Apt. #, etc.                |                                    |  | \$8.75          | Additional      |
| 22  |  | 27                                 |                                    | 5. Certificate of Status Desired               | Fee Re          | quired          |
| City & State City & State   |  |                                    |                                    | 6. Election Campaign Financing                 | \$5.00          | May Be          |
|   |  |                                    | -lorida                            | Trust Fund Contribution                        | Added 1         | •               |
| Zip   | Country  | Zip                                | Country                            | 8. This corporation owes the current year      | Intangible      |                 |
| 24 333  | 12 25 Brown  | 29 33312 3                         | Broward                            | Personal Property Tax.                         | Yes             | XNo             |
| <u> </u>  | 9. Name and Address of Curren                        | <u> </u>                           | T T                                | 10. Name and Address of New Register           | ed Agent        |                 |
|   |  |                                    | 81 Name                            |  |                 |                 |
| FISCHER, REBECCA H ESQ  |  |                                    |                                    | /D.O. D. M. sebes is Net Assessable)           |                 |                 |
| FISCHER, SCHULMAN & MINSKI<br>4651 SHERIDAN ST SUITE 325                        |  |                                    | 82 Street Addre                    | ess (P.O. Box Number is Not Acceptable)        |                 |                 |
|   |  |                                    | 83                                 |  |                 |                 |
|   | LYWOOD FL 33021                                      |                                    |                                    |  |                 |                 |
|   |  |                                    | 84 City                            | F  | 85 Zip (        | Code            |
|   |  | O COT 4500 Florido Ctatuta         | the chave named corns              | oration submits this statement for the purpose |                 | registered      |
| office or r   | egistered agent, or both, in the State (             | of Florida. Such change was aut    | nonzed by the corporation          | n's board of directors. I hereby accept the ap | pointment as re | gistered        |
| agent. I a  | m familiar with, and accept the obligat              | tions of, Section 607.0505, Florid | a Statutes.                        | - *  |                 |                 |
| SIGNATURE   | Signature, typed or printed name of registered agent | NOTE: P                            | egistered Agent signature required | when reinstating) DATE                         |                 | -               |
| 12.   | OFFICERS AN  |                                    | 13.                                | ADDITIONS/CHANGES TO OFFICERS                  | AND DIRECTO     | RS IN 12        |
| TITLE   | D  | DELETE                             | 1.1 TITLE                          |  | ☐ Change        | ☐ Addition      |
|   | TABIN, SUSAN J                                       | <u></u>                            | 1.2 NAME                           |  |                 |                 |
| NAME  | 3898 FARRAGUT STREET                                 |                                    | 1.3 STREET ADDRESS                 |  |                 |                 |
| STREET ADDRESS  | HOLLYWOOD FL 33021                                   |                                    |                                    |  |                 |                 |
| CITY-ST-ZIP   | HOLLTWOOD FL 33021                                   | ☐ DELETE                           | 1.4 CITY-ST-ZIP<br>2.1 TITLE       |  | Change          | Addition        |
| TITLE   |  | DELETE                             |                                    |  | <u></u>         |                 |
| NAME  |  |                                    | 2.2 NAME                           |  |                 |                 |
| STREET ADDRESS  |  |                                    | 2.3 STREET ADDRESS                 |  |                 |                 |
| CITY-ST-ZIP   |  |                                    | 2. 4 CITY-ST-ZIP                   |  | Change          | Addition        |
| TITLE   |  | ☐ DELETE                           | 3.1 TITLE                          |  | Cloude          |                 |
| NAME  |  |                                    | 3.2 NAME                           |  |                 |                 |
| STREET ADDRESS  |  |                                    | 3.3 STREET ADDRESS                 |  |                 |                 |
| CITY-ST-ZIP   |  |                                    | 3.4. CITY-ST-ZIP                   |  | <del></del> .   |                 |
| 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                 |  |                 |                 |
|   |  |                                    |                                    |  |                 |                 |

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 empowered.

SIGNATURE:

