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

**PROFIT** CORPORATION ANNUAL REPORT

1999

RADWAN, MARIA D

1605 S.W. 81ST AVENUE NORTH LAUDERDALE FL 33068



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90050 003 \*\*\*150.00

Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

DOCUMENT #	P98000032222

1.	Corporation Name  LITTLE ATHENS, INC.				
Рт	rincipal Place of Business	Mailing Address	t immitaet iim tatet iatit gattt antit antit antit antit atta titta tinta		
	05 S.W. 81ST AVENUE ORTH LAUDERDALE FL 33068	1605 S.W. 81ST AVENUE NORTH LAUDERDALE FL 33068	DO NOT WRITE IN THIS SPACE	SPACE	
			Date Incorporated or Qualifed     04/08/1998		
2.	Principal Place of Business	2a. Mailing Address		plied For	
21		26	65 - 0831260 No	ot Applicable	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	Additional equired	
23	City & State	City & State	6. Election Campaign Financing \$5.00 Trust Fund Contribution Added	May Be to Fees	
24	Zip Country	Zip Country	This corporation owes the current year Intangible     Personal Property Tax.     □ Yes	□No	

84 City 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

82

83

Name

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (N	OTE: Registered Agent signature re	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS	CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D DELETE	1.1 TITLE			Change	Addition
NAME	RADWAN, MARIE D	1.2 NAME				
STREET ADDRESS	1605 S.W. 81ST AVENUE	1.3 STREET ADDRESS				
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	1.4 CITY-ST-ZIP				
TITLE	☐ DELETE	2.1 TITLE			Change	Addition
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		2. 4 CITY-ST-ZIP				
ITLE	☐ DELETE	3.1 TITLE			☐ Change	Additio
IAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4 CITY-ST-ZIP				
TILE	DELETE	4.1 TITLE			☐ Change	☐ Additio
IAME:		4.2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE			Change	Addition
IAME		5.2 NAME				
TREET ADDRESS		5.3 STREET ADDRESS				
ITY-ST-ZIP		5.4 CITY-ST-ZIP				
ITLE	DELETE	6.1 TITLE			☐ Change	Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				

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.

OF SIGNING OFFICER OR DIRECTOR

2-16-99

954-726-3224

CR2E034 (11/98)