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May 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000054756

1. Corporation Name
LITTLE TRAIN INC.

Principal Place of Business
3015 NORTH OCEAN DRIVE
HOLLYWOOD FL 33019-3709

Mailing Address
3015 NORTH OCEAN DRIVE #6
HOLLYWOOD FL 33019-3709

2. Principal Place of Business
21 3015 N. OCEAN DR
22 Suite, Apt. #, etc. 3
23 City & State HOLLYWOOD, FL
24 Zip 33019 25 Country USA

2a. Mailing Address
26 3015 N. OCEAN DR
27 Suite, Apt. #, etc. 3
28 City & State HOLLYWOOD, FL
29 Zip 33019 30 Country USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
JUNE 17, 1998

4. FEI Number
050856689

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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Judy Ford
3015 N. OCEAN DR. STE #3
HOLLYWOOD, FL 33019

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 Judy Ford DATE 4-28-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JUDY FORD
STREET ADDRESS 3015 NORTH OCEAN DRIVE #3
CITY-ST-ZIP HOLLYWOOD FL 33019-3709

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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: Judy Ford 284-99 9549277910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR