## 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 # P98000056870

1. Corporation Name

LITTLE PEANUT, INC.

| FILED                          |
|--------------------------------|
| Mar 16, 1999 8:00 am           |
| Secretary of State             |
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03-16-1999 90105 044 \*\*\*150.00

|   |   |   |   |                                 |                          |  |                     |                  | IBRA BRALERA |
|---|---|---|---|---------------------------------|--------------------------|--|---------------------|------------------|--------------|
| Principal Place of Business Mailing Address |   |   |   |                                 |                          |  |                     |                  |              |
| 420 LINCOLN F                               | ROAD  | 420 LINCOLN ROAD  |   |                                 |                          |  |                     |                  |              |
| SUITE 258                                   | r. 00100  | SUITE 258   |   |                                 |                          | DO NOT WRITE IN THIS SPACE   |                     |                  |              |
| Mia <b>m</b> i Beach i<br> -                | FL 33139  | MIAMI BEACH FL 33139  |   |                                 | =                        |  |                     |                  |              |
|   |   |   |   |                                 |                          | 06/24/1998   |                     |                  |              |
| 2. Principal P                              | lace of Business  | 2a. Mailing Address   |   |                                 |                          | 4. FEI Number  | -                   |                  | plied For    |
| 21  |   | 26  |   |                                 |                          |  |                     |                  | t Applicable |
| Suite, Apt.                                 | #, etc.   | Suite, Apt. #, etc.   |   |                                 |                          | 5. Certifcate of Status Desired  |                     | 5./5 A<br>Fee Re | Additional   |
| 22  |   | 27  |   |                                 |                          |  |                     |                  |              |
| City & Stat                                 | e   | City & State  |   |                                 |                          | 6. Election Campaign Financing   |                     | 5.00<br>Added to | May Be       |
| 23  |   | 28  | Cou                                       | ntn.                            |                          | Trust Fund Contribution  |                     |                  | o rees       |
| Zip   | Country   | Zip   |   | nury                            |                          | 8. This corporation owes the current year  | ar intangibi<br>Y ∐ |                  | DZNo         |
| 24  | 9. Name and Address of Cur  | 29  | 30  |                                 |                          | Personal Property Tax.  10. Name and Address of New Registor                                       |                     |                  |              |
| <del></del>                                 | 5. Name and Address of Cur  | rent Registered Agent   |   | 81                              | Name                     | io. Hamo and Address of New Yorkins.   | nou rigori          | <u> </u>         |              |
| TEM   | PKINS, HARRY  |   |   |                                 |                          | · · · · · · · · · · · · · · · · · · ·  |                     |                  |              |
| 1   | LINCOLN ROAD  |   | ĺ   | 82                              | Street Ad                | Idress (P.O. Box Number is Not Acceptable)   |                     |                  | 1            |
|   | E 258   |   |   | 83                              |                          |  |                     |                  |              |
| MA  | WI BEACH FL 33139   |   |   | 84                              | City                     |  | 85                  | Zip C            | Code         |
|   | -   |   |   |                                 |                          |  | <u> </u>            | <u>L</u>         |              |
| 11. Pursuant office or r agent. I a         | to the provisions of Sections 607.0<br>egistered agent, or both, in the Sta<br>m familiar with, and accept the obli | 0502 and 607.1508, Florida Statu<br>ate of Florida. Such change was<br>ligations of, Section 607.0505, Fl | ites, the al<br>authorized<br>orida Stati | oove<br>b <del>y</del><br>ites. | e-named co<br>the corpon | proporation submits this statement for the purporation's board of directors. I hereby accept the a | rbbointmei          | nt as reg        | gistered     |
| SIGNATURE                                   |   |   |   |                                 |                          |  |                     |                  |              |
| 12.   | Signature, typed or printed name of registered  | <u> </u>  | E Registered                              | Agen                            | t signature req          | ADDITIONS/CHANGES TO OFFICER   |                     | RECTO            | RS IN 12     |
|   | D   | AND DIRECTORS  DELETE   | 1.1 TIT                                   | 16                              |                          | ADDITIONO/OFFINITOES TO OFFICE   |                     | Change           | Addition     |
| TITLE                                       | TEMPKINS, HARRY   | E beer .  | 1.2 NA                                    |                                 | 1                        |  |                     | •                | _            |
| NAME  | 420 LINCOLN ROAD / SUITI  | E 050   | - 1                                       | _                               | ADDRESS                  |  |                     |                  | ł            |
| STREET ADDRESS                              | MIAMI BEACH FL 33139  | C 230   | 1.4 Cf                                    |                                 | 1                        | •  | •                   |                  |              |
| CITY-ST-ZIP<br>TITLE                        | MIAMI BEACH FE 33139  | ☐ DELĘTE  | 2.1 TII                                   |                                 | 1-21                     |  |                     | Change           | ☐ Addition   |
|   |   |   | 2.2 NA                                    |                                 |                          |  | ⁻-,                 | •                | _            |
| NAME  |   |   |   |                                 | ADDRESS                  |  |                     |                  |              |
| STREET ADDRESS                              |   |   |   |                                 |                          |  |                     |                  | ĺ            |
| CITY-ST-ZIP<br>TITLE                        |   | ☐ DELETE  | 2 4 CI                                    |                                 | 1-217                    |  |                     |                  | Addition     |
| [   |   | C Determ  | 3.2 NA                                    |                                 |                          |  |                     | . •              | _            |
| NAME  |   |   | I '                                       |                                 | ADDRESS                  | ·  | ,                   |                  | ĺ            |
| STREET ADDRESS                              |   |   |   |                                 |                          |  |                     |                  | }            |
| CITY-ST-ZIP                                 |   | ☐ DELETE  | 3.4. CI<br>4.1 TH                         | _                               | 1-219                    |  |                     | Change           | Addition     |
| TITLE                                       |   |   | 4.1 III                                   |                                 | ]                        | •  |                     | <b>a</b> -       | _            |
| NAME  |   |   | 1   |                                 | ADDRESS                  |  |                     |                  |              |
| STREET ADDRESS                              |   |   | i   |                                 | Y                        |  |                     |                  | \            |
| CITY-ST-ZIP                                 |   | ☐ DELETE  | 4.4 CI                                    |                                 | 1-217                    |  |                     | Change           | Addition     |
| TITLE                                       |   | _ 000010  | 5.1 NA                                    |                                 |                          |  |                     | •                | _            |
| NAME  |   |   | 1   |                                 | ADDRESS                  |  |                     |                  |              |
| STREET ADDRESS                              |   |   | 5.4 CI                                    |                                 |                          |  | 1                   |                  | ~            |
| CITY-ST-ZIP                                 |   | ☐ DELETE  | 6.1 TIT                                   |                                 | -                        |  | П                   | Change           | Addition     |
| TITLE                                       |   | - 500010  | 6.2 NA                                    |                                 | 1                        |  | <del></del>         | -                |              |
| NAME<br>ATTREET ADDRESS                     |   |   | . F                                       |                                 | ADDRESS                  | •  |                     |                  |              |
| STREET ADDRESS                              |   |   | 6.4 CT                                    |                                 |                          |  |                     |                  | ļ            |
| CITY-ST-ZIP                                 |   |   | 0.4 CI                                    | 3                               | ,- <u>4.11</u>           |  |                     |                  |              |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR