


**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90062 005 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S13814</b> 1. Corporation Name <b>LITTLE WHITE HOUSE COMPANY</b>					
Principal Place of Business 111 FRONT ST KEY WEST FL 33040 US			Mailing Address P O BOX 6443 KEY WEST FL 33041-6443		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>11/19/1990</b>					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number <b>65-0238098</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>WALSH, HAL</b> <b>513 OLIVIA ST</b> <b>KEY WEST FL 33040</b>			10. Name and Address of New Registered Agent 81 Name <b>MARY DRETTMANN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>326 CAROLINE ST.</b> 83 84 City <b>KEY WEST</b> FL 85 Zip Code <b>33040</b>		
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 <i>Mary A. Drettmann</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>6-3-95</b>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	DRETTMANN, MARY A.				
STREET ADDRESS	326 CAROLINE STREET				
CITY-ST-ZIP	KEY WEST FL				
TITLE	C	<input type="checkbox"/> DELETE			
NAME	DRETTMANN, HENRY A.				
STREET ADDRESS	326 CAROLINE STREET				
CITY-ST-ZIP	KEY WEST FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	WALSH, HAL				
STREET ADDRESS	513 OLIVIA ST				
CITY-ST-ZIP	KEY WEST FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)