

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 06, 1999 8:00 am**  
**Secretary of State**

08-06-1999 90010 050 \*\*\*150.00

0087973

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S90610 ✓

1. Corporation Name  
 LITTLE TIME LTD. INC.

Principal Place of Business: 15217 N. DALE MABRY TAMPA FL 33618  
 Mailing Address: 15217 N. DALE MABRY TAMPA FL 33618



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1991

4. FEI Number: 59-3089016 Applied For: Not Applicable

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:  Yes  No

2. Principal Place of Business: 21  
 Suite, Apt. #, etc.: 22  
 City & State: 23  
 Zip: 24 Country: 25

2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 27  
 City & State: 28  
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
 WARREN, PATRICIA L.  
 15217 N. DALE MABRY  
 TAMPA FL 33618

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WARREN, PATRICIA L.	
STREET ADDRESS	15217 N. DALE MABRY	
CITY-ST-ZIP	TAMPA, FL 33618	
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		
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.

SIGNATURE: \_\_\_\_\_ DATE: 7/27/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

602477-90010-50  
SAD610

**LITTLE TIME LTD. INC.  
Dba THE GREAT FRAME UP  
15217 N. Dale Mabry  
Tampa, FL 3318**

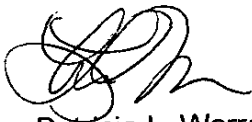
July 26, 1999

To: Department of State  
From: Patricia L. Warren, President  
Re: 1999 Corporation Filing

On February 2, 1999, I filled out the Annual Report form and sent check # 6009 for \$150.00. Recently, I received a notice from your office, stating that I was getting a second notice to file.

On July 26, 1999, I contacted your office and spoke with Sean. I explained to him that I had filled out the proper paperwork and sent a check for \$150.00. Upon investigation, I found that check #6009 for \$150.00 made out to the Department of State was never cashed. Sean told me to fill out the duplicate paperwork that I just received and send a check for \$150.00.

If you have any questions please feel free to call me at (813) 962-3366 from 10.00am - 5.00pm Monday through Friday.



Patricia L. Warren  
President  
Little Time Ltd. Inc.

*Original check copy enclosed*

602477-90010-50  
S90610

LITTLE TIME LTD., INC.  
D/B/A THE GREAT FRAME UP  
15217 N DALE MABRY  
TAMPA, FL 33618  
(813) 962-3366

EXPLANATION	AMOUNT

6009

*William D. Jeffrey* DOLLARS

PAY		TO THE ORDER OF		GROSS	DESCRIPTION	CHECK AMOUNT
HRS	DATE	DEPARTMENT OF STATE			1997 CORP ANNUAL RPT	150.00
				F.I.C.A.	MEDICARE	FED WITH

VILLAGE BANK OF FLORIDA  
MAIN OFFICE, TAMPA, FL 33688

**NOT NEGOTIABLE**

RECORD OF EARNINGS OR PAYMENTS

⑈006009⑈ ⑆063112100⑆ 1009958⑈

PAY PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_ RATE OF PAY \_\_\_\_\_

OC. SEC. # \_\_\_\_\_