## 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 # **V64004**

1. Corporation Name

IOHN'S LITTLE KARS INC.

JONN	LITTLE NATIO, INC.									
Principal Place	e of Business	Mailing Address			<u> </u>	1861 BILLE BILL GIBIL BRIST R	Etti 0191 Etati 01	1811 81831 BIBIT I	31811 61811 1301	
405 E. VENICE AVE. 405 E. VENICE AVE. VENICE FL 34292 VENICE FL 34292										
VEHICL TE OPEN					`	DO NOT WR		SPACE		
					1 -	ncorporated or Qualifed 4/1992				
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			1			oplied For	
21		26			65-0	65-0360457			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			\$8.75 Additional	
22		27							equired	
City & Stat	е	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23 28					Trust	Fund Contribution		Added 1	to Fees	
Zip Country Zip C			_ Country		l l	orporation owes the cur	rent year Inta		<b>57</b> 0	
24	25		30			nal Property Tax.		∐ Yes	XNo	
	9. Name and Address of Curr	ent Registered Agent	81	Mana	10. Name	and Address of New	Registered /	Agent		
DOG	HE DOUGLAS D		6'	Name						
ROSILE, DOUGLAS P 405 E. VENICE AVE.			82	Street A	ddress (P.O. Bo	x Number is Not Accept	able)			
	ICE FL 34292							<del></del>	<del></del>	
AEIA	ICE FL 34292		83							
			84	City			FL	85 Zip (	Code	
SIGNATURE	Signature, typed or printed name of settlined a		Registered Agen		uired when reinstating	ONS/CHANGES TO O	DATE FEICERS AN	ID DIRECTO	ORS IN 12	
12.	, , , , , , , , , , , , , , , , , , ,	AND DIRECTORS	13.	— Т		C. Downe	TICENS AN	☐ Change	Addition	
TITLE	POTS CHEAN	□ beceite	1.1 TITLE	,	JOHN	Da - Carry				
NAME	DOWNING, SUSAN		1.2 NAME		V105	a comice a	٠,٠		}	
STREET ADDRESS	405 E. VENICE AVE		1.3 STREET		408,	PB 55 19ENT E VIMEN a LINE FA	340	92		
CITY-ST-ZIP	VENICE FL	☐ DELET <b>E</b>	1.4 CITY-S' 2.1 TITLE	1-212			740	Change	Addition	
TITLE	•								_	
NAME	}		2.2 NAME 2.3 STREET	r ADDDESS						
STREET ADDRESS			2.4 GITY-S							
CITY-ST-ZIP			3.1 TITLE	1-2JP	<del></del>			Change	☐ Addition	
TITLE			3.2 NAME	İ					_	
NAME	·		3.3 STREET	TADDRESS					Ì	
STREET ADDRESS			3.4. CITY-S							
CITY-ST-ZIP		DELETE	4.1 TITLE	,		•		☐ Change	Addition	
NAME	1	<del></del>	4. 2 NAME					•		
STREET ADDRESS	)			TADDRESS						
CITY-ST-ZIP			4.4 CITY-S							
TITLE		☐ DELETE	5.1 TITLE			·		Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	T ADDRESS					-	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition	
NAME			6.2 NAME						l	
CTOCCT ANDRESS			6.3 STREE	T ADDRESS						

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



941-444-9289 Daytime Phone #

May 05, 1999 8:00 am Secretary of State

05-05-1999 90021 016 \*\*\*150.00

**=** #: