

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY -1 PN 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **L73699** (5)
1. Corporation Name
12 DBMB, INC.

Principal Place of Business Mailing Address
% JEFFREY C. SHANNON
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33601

3. Date Incorporated or Qualified 05/17/1990	3a. Date of Last Report 09/18/1996
4. FEI Number 59-3015464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
SHANNON, JEFFREY C.
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	STEIN, ALAN M.	
STREET ADDRESS	17 AUTUMN RUN	
CITY-ST-ZIP	HOOKSETTE NH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SALTZMAN, ANDREW T.	
STREET ADDRESS	401 LAKE LANE	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FORRESTEL JR, RICHARD E	
STREET ADDRESS	171 DARWIN DRIVE	
CITY-ST-ZIP	SNYDER NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWN, THEODORE T.	
STREET ADDRESS	661 WOODBINE WEST DRIVE	
CITY-ST-ZIP	CARMEL IN	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPECHT, WILLIAM L.	
STREET ADDRESS	28 LONDONBERRY WAY	
CITY-ST-ZIP	SUMMIT NJ	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHANNON, JEFFREY C	
STREET ADDRESS	501 E KENNEDY BLVD S-1700	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12-
000002181818
-05/01/97--01043--01
****165.00 ****165.00

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	610 Winterwood Drive	
2.4 CITY-ST-ZIP	Evansville, Indiana 47715	
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	1865 Brightwaters	
5.4 CITY-ST-ZIP	St. Petersburg, Florida 33702	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **4/30/97**
Signature: typed or printed name of signing officer or director Daytime Phone #: **813 228-7411**

CR2E034 (9/96)