

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

FILED

**May 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000077105 (9)
1. Corporation Name
12685, INC.



Principal Place of Business: 14340 BISCAYNE BLVD. N. MIAMI BEACH FL 33181
Mailing Address: 14340 BISCAYNE BLVD. N. MIAMI BEACH FL 33181

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
2a. Mailing Address (25-29)

3. Date Incorporated or Qualified: 09/03/1997
4. FEI Number: 05-0781715
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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
JACOB, FRANCIS
14340 BISCAYNE BLVD.
N. MIAMI BEACH FL 33181

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0609 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 607.0605, Florida Statutes.
SIGNATURE: [Signature] F. JACOB
DATE: 4-28-98

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	JACOB, FRANCIS	
STREET ADDRESS	14340 BISCAYNE BLVD.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33181	
TITLE	DPST	<input checked="" type="checkbox"/> DELETE
NAME	DACHSELT, INGRID	
STREET ADDRESS	14340 BISCAYNE BLVD.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33181	
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 checked="" type="checkbox"/> Addition
3.2 NAME	DPST SARI JACOB
3.3 STREET ADDRESS	14340 BISCAYNE BLVD.
3.4 CITY-ST-ZIP	N. MIA BCH, FL 33181
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	200002531862
5.3 STREET ADDRESS	-05/21/98--01084--040
5.4 CITY-ST-ZIP	***150.00
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 as an attachment with an address.
SIGNATURE: [Signature] F. JACOB, 4-28-98 205-944-2101

CR2E034 (10/97)