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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 21 1997 8:00am Secretary of State

(96/6)

R2E034

OCUMENT # Corporation Name	M25555	(7)
1281 CORPORATION		

Principal Place of Business Mailing Address C/O ELMER ZIMBELMANN C/O ELMER ZIMBELMANN 22295 S.W. 260TH STREET 22296 S.W. 260TH STREET HOMESTEAD FL 33031-3808 HOMESTEAD FL 33031-3808 3. Date Incorporated or Qualified 3a. Date of Last Report 01/08/1986 05/01/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-2679952 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Z_{1D} Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZIMBELMANN, ELMER 22295 S.W. 260TH STREET 62 Street Address (P.O. Box Number is Not Acceptable) **HOMESTEAD FL 33033** 83 84 City 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 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 Signature, typed or ponted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE MILE ZIMBELMANN, ELMER NAM 1.2 NAME 22295 SW 260TH ST 1.3 STREET ADDRESS STREET ADDRESS HOMESTEAD FL 1.4 CiTY-ST-ZIP CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CHY-\$1-20 Change Addition DELETE 3.1 TITLE TILLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-ZIP Addition DELETE Channe 4.1 TITLE Hist 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-7F DELETE Addition 5 1 TITLE Change tillf 5.2 NAME NAME 5.3 STREET ADDRESS STREET LADORESS 5.4 CITY-ST-ZIP CHY-SI-7P DELETE Change Addition 6.1 TITLE TILLE NAME 62 NAME 6.3 STREET ADDRESS STHEET ACCORESS 6.4 CITY-ST-ZIP

14. I do nereby 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 oblige corporation or fire receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

on an attachment with an address.

TURE AND TYPES PROPERTY NOTE IN ENEMING WHAT IN IN DIRECTOR