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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90016 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 381097

1. Corporation Name
TWELFTH TAMPA CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**810 SEVENTH AVE
 28TH FLOOR
 NEW YORK N Y 10019**

Mailing Address
**810 SEVENTH AVE
 28TH FLOOR
 NEW YORK N Y 10019**

3. Date Incorporated or Qualified
04/26/1971

4. FEI Number
13-2683176

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 Tax. Yes No

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURRAY, STANLEY L
 82-60 S.W. 87TH TERRACE
 MIAMI FL 33143**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAMUELS, WALTER R	
STREET ADDRESS	810 SEVENTH AVENUE, 28TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASLIN, JONATHAN	
STREET ADDRESS	666 FIFTH AVENUE, 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10103	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BIRDOFF, RICHARD	
STREET ADDRESS	810 SEVENTH AVENUE, 28TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADES, MICHAEL	
STREET ADDRESS	12 E. 49TH STREET	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *Walter R Samuels*

4/14/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)