

FILE NOW: FILING FEE IS \$61.25

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**May 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742828 (7)

1. Corporation Name
12495, INC.

Principal Place of Business 12495 3RD STREET EAST TREASURE ISLAND FL 33706	Mailing Address 12495 3RD STREET EAST TREASURE ISLAND FL 33706
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified 05/09/1978	
4. FEI Number 59-2242764	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ZACUR, RICHARD A
MENSCH, ZACUR & GRAHAM, P.A.
5200 CENTRAL AVENUE
ST PETERSBURG FL 33707**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CLARK, BRIAN
STREET ADDRESS	12495 3RD ST E.
CITY-ST-ZIP	TREASURE ISLAND FL 33706
TITLE	D <input type="checkbox"/> DELETE
NAME	MOORE, IRMA
STREET ADDRESS	12495 3RD ST E.
CITY-ST-ZIP	TREASURE ISLAND FL 33706
TITLE	D <input type="checkbox"/> DELETE
NAME	MULLER, MONICA M
STREET ADDRESS	12495 3RD STREET EAST
CITY-ST-ZIP	TREASURE ISLAND FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HARTWIG, ANN
STREET ADDRESS	12495 3RD ST., E
CITY-ST-ZIP	TREASURE ISLAND FL
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 checked="" type="checkbox"/> Addition
1.2 NAME	Bill Carroll
1.3 STREET ADDRESS	12495 3rd St East
1.4 CITY-ST-ZIP	Treasure Island, FL 33706
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 checked="" type="checkbox"/> Addition
4.2 NAME	Glynn Moore
4.3 STREET ADDRESS	12495 3rd St. East
4.4 CITY-ST-ZIP	Treasure Island, FL 33706
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Monica M. Muller* **monica m. muller 4-20-98 813-367-0067**

CR2E037 (10/97)