

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F38083

(4)

1. Corporation Name

TWELVE-TWO-SIXTY-FIVE, INC.



Principal Place of Business

P.O. BOX 300180
PO-DRAWER 9
HOMESTEAD FL 33090-0180
US

Mailing Address

P.O. BOX 300180
PO-DRAWER 9
HOMESTEAD FL 33090-0180
US

2. Principal Place of Business

21 11767 SO. DIXIE HWY
State, Apt. #, etc. #145

22 City & State MIAMI FL

23 Zip 33156 Country US

24 33156 25 US

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ADMIRE, JACK G.
2511 PONCE DE LEON BLVD #320
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
07/13/1981

3a. Date of Last Report
04/07/1995

4. FEI Number
59-2130102

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name DOROTHY ZAHARAKO

82 Street Address (P.O. Box Number is Not Acceptable)
11767 SO. DIXIE HWY #145

83

84 City MIAMI

FL

85 Zip Code 33156

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 is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and agree to the provisions of, Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE

D. Zaharako 4/1/96

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME BROOKS, N P
STREET ADDRESS 18400 S W 256 ST
CITY-STATE-ZIP HOMESTEAD, FL 00000

TITLE VD
NAME BUSBY, LYNDIA B
STREET ADDRESS BORKSCREW RD
CITY-STATE-ZIP IMMOKALEE, FL 00000

TITLE S
NAME ZAHARAKO, DOROTHY.
STREET ADDRESS 18400 SW 256 ST.
CITY-STATE-ZIP HOMESTEAD FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY-STATE-ZIP
18 TITLE
19 NAME
20 STREET ADDRESS
21 CITY-STATE-ZIP
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
25 TITLE
26 NAME
27 STREET ADDRESS
28 CITY-STATE-ZIP
29 TITLE
30 NAME
31 STREET ADDRESS
32 CITY-STATE-ZIP

P.O. BOX 235 N/A
CALHOUN FALLS, S.C. 29628

7000001772017
-04/08/96--01031--014
***200.00

SIGNATURE:

Lynda B. Busby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

(864) 446-8082

CR2E034 (12/95)

4-6-96