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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # H9256 IN.W. 12TH STREET, INC.	4 (4)			
Principal Place of Business P. O. BOX 970342 MIAMI FL 33197		Mailing Address P. O. BOX 970342 MIAMI FL 33197-0342		i (fêjê)î Bilê fêjle heêfê êkile exili alat a	1911 B(B11 B1941 B)917 \$1911 B1911 7941
				3. Date Incorporated or Qualified 01/01/1986	3a. Date of Last Report 05/01/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number 59-2679958	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fise Required
City & Stal	le	City & State	······································	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζιρ 29	Country 30	This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
ZIMBELMANN, ELMER JR. 22295 S.W. 260TH ST.				iress (P.O. Box Number is Not Acceptable	9)
но	MESTEAD FL 33031		83		
			84 City		FL 85 Zip Code
11. Pursuant office or agent 1 a				poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
12,	Signature, typicd or printed name of registered as	ent and title if applicable (NO NO DIRECTORS	E Registered Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
Title	D	DELETE	1.1 TITLE	ADDITIONS OF TAXABLE TO OF THE	Change Addition
NAME	ZIMBELMANN, ELMER, JR		1.2 NAME		
STREET ADDRESS	22295 S.W. 260TH ST.		1.3 STREET ADDRESS		
CITY - \$1 - 7(P)	HOMESTEAD FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Additio
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST-ZIP		
TILE		DELETE	3.1 TITLE		☐ Change ☐ Additio
NAME			3 2 NAME		
STREET ADDRESS)		3.3 STREET ADDRESS		
CITY - ST - 7IP			3.4. CITY - ST - ZIP		
THLE		☐ DELETE	4.1 TITLE		Change Addition
NAME EXECUTE:			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP THE		DELETE	4.4 CITY - ST - ZIP 5.1 YITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITEE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City - \$1 - 2iP		11 15 15 15 17 15 15 15 15 15 15 15 15 15 15 15 15 15	6.4 CITY - ST - ZIP	dis Contan 440 07/09/9 Finance Or his	1 8. who a port 6. 1 4 4 4 4 4
 I do here information I am an o 	by certify that the information supplied on indicated on this annual report or officer or director of the corporation of the co	ed with this filing does not qual supplemental annual report is or the receiver or trustee empor	ify for the exemption state true and accurate and tha wered to execute this repo	d in Section 119.07(3)(I), Florida Statutes It my signature shall have the same legal Irt as required by Chapter 607, Florida Sta	. I further certify that the effect as if made under oath; the atutes; and that my name

SIGNATURE:

appears in Block 12 or Block

O TYPES OF RELIEF NAME OF SCHING OFFICER OF DIRECTOR

1/1/97 (30

FILED

Apr 21 1997 8:00am

Secretary of State

(301) 235-6562

NOKEMA?