

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L73699** (5)
1. Corporation Name
12 DBMB, INC.



Principal Place of Business % JEFFREY C. SHANNON 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33601	Mailing Address % JEFFREY C. SHANNON 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/17/1990	
21		26		4. FEI Number 59-3015464	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		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

**SHANNON, JEFFREY C.
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OF OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEIN, ALAN M.	
STREET ADDRESS	17 AUTUMN RUN	
CITY-ST-ZIP	HOOKSETTE NH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SALTZMAN, ANDREW T.	
STREET ADDRESS	610 WINTERWOOD DR	
CITY-ST-ZIP	EVANSVILLE IN 47715	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FORRESTEL JR, RICHARD E	
STREET ADDRESS	171 DARWIN DRIVE	
CITY-ST-ZIP	SNYDER NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWN, THEODORE T.	
STREET ADDRESS	661 WOODBINE WEST DRIVE	
CITY-ST-ZIP	CARMEL IN	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPECHT, WILLIAM L.	
STREET ADDRESS	1865 BRIGHTWATERS	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHANNON, JEFFREY C	
STREET ADDRESS	501 E KENNEDY BLVD S-1700	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T/D
5.3 STREET ADDRESS	SPECHT, WILLIAM L.
5.4 CITY-ST-ZIP	1161 RED MAPLE CIRCLE NE ST. PETERSBURG, FL 33703
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 in an attachment with an address.

CR2E034 (10/97)