

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L95924** (1)

1. Corporation Name
1220 INC.



Principal Place of Business
**P.O. BOX 782036
SEBASTIAN FL 32978**

Mailing Address
**P.O. BOX 782036
SEBASTIAN FL 32978**

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Zip |
| 25 | Country | 30 | Country |

| | |
|--|---|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 08/27/1990 | 04/25/1995 |
| 4. FEI Number | Applied For |
| 59-3024697 | Not Applicable |
| 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 |
| 8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 10. Name and Address of New Registered Agent | |

9. Name and Address of Current Registered Agent

**IZZO, GERARD
9750 FLEMING GRANT RD.
SEBASTIAN FL 32975**

| | |
|----|--|
| 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 607.0512 and 607.1509, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95 | |
|----------------------------|------------------------|--|---|
| TITLE | DP | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IZZO, GERARD | 2. NAME | |
| STREET ADDRESS | 9750 FLEMING GRANT RD. | 3. STREET ADDRESS | |
| CITY-STATE-ZIP | MICCO FL | 4. CITY-STATE-ZIP | |
| TITLE | | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6. NAME | |
| STREET ADDRESS | | 7. STREET ADDRESS | |
| CITY-STATE-ZIP | | 8. CITY-STATE-ZIP | |
| TITLE | | 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 10. NAME | |
| STREET ADDRESS | | 11. STREET ADDRESS | |
| CITY-STATE-ZIP | | 12. CITY-STATE-ZIP | |
| TITLE | | 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 14. NAME | |
| STREET ADDRESS | | 15. STREET ADDRESS | |
| CITY-STATE-ZIP | | 16. CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this filing report or supplemental annual reports 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.

SIGNATURE: *Gerard Izzo, Pres.* Gerard Izzo, Pres. 4-8-96 / 407 589 5700

CR2E034 (12/95)