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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # <b>M5</b> 3 Name AR 12TH AVENUE, INC				<u> </u>			
Principal Place of Business  C/O MARK ELETZ 1741 S.W. 68TH AVENUE PLANTATION FL 33317								<b>ala</b> n <b>eta</b> n 1401
					<ol> <li>Date Incorporated or Qualified 06/03/1987</li> </ol>		of Last R	
2. Principal Pla 21	2a. Mailing Address 26	Mailing Address		4. FEI Number 59-2814610	10		Applied For Not Applicable	
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		Added to Fees	
Zip <b>24</b>	25 9. Name and Address of (	Zip 29 29 Current Registered Agent	30 Cou	ntry	<u> </u>	s 🗌 No		199.032,
	g. traine the Address of t	ourent negistered Agent		81 Name	10. Name and Address of New	Registered A	gent	
AMIGO, FRANK ESQUIRE 120 S. UNIVERSITY DR. SUITE A PLANTATION FL 33324					ddress (P.O. Box Number is Not Acceptable)			
familiar with	h, and accept the obligations of signature, typed or professional ranks of register.	, Section 607.0505, Florida Statutes	ea by the c s.	ve-named corpor orporation's boas Againt signifue require		pointment as re	egistered	agent. I am
TITLE	PTD	DELETE		·	ADDITIONS/CHANGES TO OF			
NAME STREET ADDRESS CITY-ST-ZIP	WAGNER, BARRY 9 BALTURSOL DR. PURCHASE NY 10577						Change	Add tion
TITLE NAME STREET ADDRESS	VSD ELETZ, MARC 1741 S.W. 68TH AVENU	☐ DELETE	2. 1 HI 2.2 NA	ILE .			Change	Addition
OITY - ST - ZIP TITLE NAME	PLANTATION FL 33317	DELETE	2.4 CH 3.1 TH 3.2 NAI				Change	Addition
STREET ADDRESS CHTY-ST-ZIF			33 \$1	REET ADDRESS Y-ST-ZIF				
TITLE NAME STREET ADDRESS		☐ DELETE	4 1 JH 4 2 NAI 4 3 STE				Change	Addition
OTY-ST-ZIP THEF NAME STREET ADDRESS		DELETE	5 1 1 IT 5 2 NAM				Change	Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE		Y-ST ZIP LE			Change	Addition
STREET ADDRESS CITY-ST-ZIP 14. I do hereby	certify that the information sup-	Died with this filing is voluntarily furnis	6.4 CB3	EFT ADDRESS  (-ST-ZIP  oes not qualify fo	r the exemption stated in Section 119	07/31/b) Elasid	a Ctat. to	

The heavy early that the information supplied with this iming is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true 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 in granged, or on an attraction of the corporation of the corporation

SIGNATURE:

PEDAR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/94 Dare

9/4-428-0882