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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000007177

1. Corporation Name
FLORIDA 2012, INC.

* 5 6 3 5 3 3 *
563533 - 90012 - 10

Principal Place of Business	Mailing Address
401 E. JACKSON ST., SUITE 2100 TAMPA FL 33602	401 E. JACKSON ST., SUITE 2100 TAMPA FL 33602

2. Principal Place of Business 21 501 E. KENNEDY BLVD. Suite, Apt. #, etc. 22 SUITE 175 City & State 23 TAMPA, FL Zip 24 33602 Country 25 USA	2a. Mailing Address 26 P.O. BOX 172177 Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL Zip 29 33672 Country 30 USA	3. Date Incorporated or Qualified 12/24/1997 4. FEI Number 59-3488123 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KENNEDY, JAMES J III 401 E. JACKSON ST., SUITE 2100 TAMPA FL 33602	81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 401 E. JACKSON STREET 83 SUITE 2500 84 City TAMPA FL 85 Zip Code 33602

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURANCHIK, EDWARD 201 E. KENNEDY BLVD., SUITE 850 TAMPA FL 33602	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D EDWIN TURANCHIK 501 E. KENNEDY BLVD., SUITE 175 TAMPA, FL 33602 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, JAMES 400 N. TAMPA ST., SUITE 1010 TAMPA FL 33602	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	C/D JOHN H. SYKES 100 N. TAMPA STREET, SUITE 3900 TAMPA, FL 33602 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCWILLIAMS, NANCY 401 E. JACKSON ST., SUITE 2100 TAMPA FL 33602	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S/D JOANIE SCHIRM 1230 E. HILLCREST STREET ORLANDO, FL 32803 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VOSKERICHIAN, JOSEPH P.O. BOX 31590 N/A TAMPA FL 33631	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED TURANCHIK 4/29/99 813-221-4263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #