

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P 37987

1. Corporation Name

NW 12th Ave CORP

Principal Place of Business

Mailing Address

C/O Peter Lawrence COMM RE
4710 EISENHOWER BLVD
C-1
TAMPA, FLORIDA 33634

C/O PETER LAWRENCE COMM RE
4710 EISENHOWER BLVD
C-1
TAMPA, FLORIDA 33634

3. Date Incorporated or Qualified
03/12/1992

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt # etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3110484

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

HOROWITZ, LAWRENCE D
4710 EISENHOWER BLVD
C-1
TAMPA, FLORIDA 33634

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. OFFICERS AND DIRECTORS

TITLE PSD
NAME HOROWITZ, LAWRENCE D.
STREET ADDRESS 4710 EISENHOWER BLVD
CITY-ST-ZIP TAMPA, FLORIDA 33634 DELETE

TITLE V
NAME HUNT, HAMILTON E., JR.
STREET ADDRESS 4710 EISENHOWER BLVD
CITY-ST-ZIP TAMPA, FLORIDA 33634 DELETE

TITLE CTD
NAME ABRAMS, ALLAN
STREET ADDRESS 4710 EISENHOWER BLVD
CITY-ST-ZIP TAMPA, FLORIDA 33634 DELETE

TITLE DS
NAME ABRAMS, ELAINE
STREET ADDRESS 4710 EISENHOWER BLVD
CITY-ST-ZIP TAMPA, FLORIDA 33634 DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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***200.00
5/1/96
cc

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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lawrence D. Horowitz, President

Date

813 889-8855

Outside Phone #