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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P37987 (5)
1. Corporation Name
NW12 CORP.



Principal Place of Business: 4710 EISENHOWER BOULEVARD TAMPA FL 33634
Mailing Address: 4710 EISENHOWER BOULEVARD TAMPA FL 33634-6335

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/20/1992	05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3110484	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	<input type="checkbox"/>
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Name and Address of Current Registered Agent				6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
HOROWITZ, LAWRENCE D. 4710 EISENHOWER BLVD. SUITE C-1 TAMPA FL 33634				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOROWITZ, LAWRENCE D. 4710 EISENHOWER BLVD. SUITE C-1 TAMPA FL 33634				81 Name	Allan Abrams		
				82 Street Address (P.O. Box Number is Not Acceptable)	4710 Eisenhower Blvd.		
				83 Suite	C-1		
				84 City	Tampa	85 State	FL
					Zip Code	33634	

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: *Allan Abrams* Allan Abrams, Chairman 4/21/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOROWITZ, LAWRENCE D.	1.2 NAME	
STREET ADDRESS	4710 EISENHOWER BLVD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, HAMILTON E., JR.	2.2 NAME	
STREET ADDRESS	4710 EISENHOWER BLVD.	2.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	2.4 CITY- ST- ZIP	
TITLE	CTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, ALLAN	3.2 NAME	
STREET ADDRESS	4710 EISENHOWER BLVD.	3.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	3.4 CITY- ST- ZIP	
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, ELAINE	4.2 NAME	
STREET ADDRESS	4710 EISENHOWER BLVD.	4.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNISPEL, ISABEL	5.2 NAME	
STREET ADDRESS	4710 EISENHOWER BLVD.	5.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Vice President James J. Shapera
STREET ADDRESS		6.3 STREET ADDRESS	4710 Eisenhower Blvd C-1
CITY- ST- ZIP		6.4 CITY- ST- ZIP	Tampa FL 33634

14. I do 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 or on an attachment with an address.

SIGNATURE: *Allan Abrams* Allan Abrams, Chairman 4/21/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)