SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

1. Corporation Name P97000009905 (5)

12, INC.

FILED Aug 17 1998 8:00am Secretary of State



| Principal Place | e of Business | Mailing Address | | | | T LEADINDS HIS COST CODIC ODIC ODIC DUCK DOUG BEING COLIC BOLD DICH DOC | | | |
|--------------------------------|--|--|--------------------------------|---------------------------------------|-----------------------------|---|--|--|--|
| | DERAL HIGHWAY | 844 NORTH FEDERAL HIGHWAY | | | | | | | |
| POMPANO BEACH FL 33062 | | | POMPANO BEACH FL 33062 | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | | 3. Date Incorporated or Qualified | | |
| | | | | | | | 01/29/1997 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FÉI Number Applied For | | | |
| 21 | | 26 | | | | 65-0725069 Not Applicable | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional | | | |
| 22 | | 27 | | | | Fee Required | | | |
| City & State | e | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | | | 28 | | | Trust Fund Contribution Added to Fees | | |
| Zip | }—¬ | ountry | Zip | - | Countr | У | 8. This corporation owes or has paid the current year Intangible | | |
| 24 | 25 | | 29 | - | 30 | | Personal Property Tax due June 30. Yes No | | |
| | | ddress of Current F | A bereraiges | gent | 81 | Name | 10. Name and Address of New Registered Agent | | |
| | TE, JOHN F | | | | 0 | , | Sher, L. Hoble To SLH Financial Services I | | |
| C/O FRAZIER HOTTE & ASSOCIATES | | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| l | E COMMERCIA | 1 | | | | 700 W Atlantic Blvd. STE 200-23 | | | |
| FOR | T LAUDERDALE I | FL 33308 | | | 83 | Ί _ | | | |
| | | | | | 84 | gil | B5 Zip Code | | |
| | | | | | | | mpano Black FL B3069 | | |
| 11. Pursuant office or | t to the provisions of registered agents of | r sections 607.0502 a r both, in the State of | ind 607.1508, Florida, Suci | , ⊢iorida Statutes h change was ai | s, the above uthorized b | e-named o | d corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered | | |
| | am amiliar with an | | | | rida Statute | S. | orporation's board of directors. I hereby accept the appointment as registered | | |
| SIGNAT(URE | MINISTY) | | , L. HUL | | - | | A COLOR OF THE COL | | |
| 12. | Signature, typed or printer | d name of registered agent at OFFICERS AND | | | TE: Registered | Ageni signat. | nature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | D | OFFICERS AND | | DELETE | 1.1 TITLE | | Dear Joseph | | |
| NAME | Blakeslee, ei | I EEN | | DELETE | 1.2 NAME | | There Caraway Change Addition Street | | |
| | 4848 N.E. 17Th | | | | | T ADDRESS | 1050 SE 154h street | | |
| STREET ADDRESS | FORT LAUDER | | | | 1.4 CITY-S | | Fort Lauderdak, FL 33316 | | |
| CITY-ST-ZIP TITLE | ו טקו באטטבאנ | VALE EL 33334 | | DELETE | 2.1 TITLE | H-ZIP | | | |
| NAME | | | | DELETE | 2.2 NAME | | Change L Addition | | |
| | | | | | | T ADDRESS | 200 | | |
| STREET ADDRESS | | | | | 2.3 STREE | | 100 | | |
| CITY-ST-ZIP TITLE | | | | DELETE | 3.1 TITLE | er-gent | Change Addition | | |
| NAME | | | | DELETE | 3.2 NAME | | Change Addition | | |
| STREET ADDRESS | | | | | | T ADDRESS | | | |
| | | | | | 3.4 CITY-9 | | ~ | | |
| CITY-ST-ZIP TITLE | | | | DELETE | 4.1 TITLE | 11-217 | Change Addition | | |
| NAME | | | | L] DELETE | 4.2 NAME | | Criange C Addition | | |
| STREET ADDRESS | | | | | | T ADDRESS | | | |
| | | | | | 4.4 CITY-S | | | | |
| CITY-ST-ZIP TITLE | | | | Delete | 5.1 TITLE | 11-217 | Change Addition | | |
| NAME | | | | DELETE | 5.2 NAME | | Change | | |
| STREET ADDRESS | | | | | | T ADDRESS | | | |
| | | | | | | | N | | |
| CITY-ST-ZIP TITLE | | | | Deveze | 5.4 CITY-S 6.1 TITLE | 11-2112 | | | |
| | | | | DELETE | 6.2 NAME | | 500002620465 PE -08/20/9801006026 | | |
| NAME STREET ADDRESS | | | | | | TADDRESS | -08/20/9801006026 PE | | |
| STREET ADDRESS | | | | | | T ADDRESS | ***150.00 | | |
| CITY-ST-ZIP | _ | | | | 6.4 CITY-S | I-ZIP | _ | | |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

dulas 951.1200 1900



pg2

August 4, 1998

Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Annual Corporate Filing Fee

Dear Madam/Sir,

Enclosed is the updated Corporate Report for I2, Inc.. We are unclear as to where the first notice of the Annual Filing fee went to but my client did not receive the form. I can only conclude it went possibly to the registered agent.

Since the first notice was not received and I was not aware that my client had not received and paid the annual fee I am requesting that you accept the attached check for the original fee of \$150.00 to keep the Corporation active.

All of the addresses are know correct as noted on the annual report. Thank you for your assistance in this matter.

Regards,

Sheri L. Hoble. CPA