FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT-

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris -

Secretary of State DIVISION OF CORPORATIONS

000079555 **DOCUMENT #**

1. Corporation Name

12 ENTERPRISE

Principal Place of Business Mailing Address]	
5106 1917 LANE E. BrOENTON, Fl. 34203		DO NOT WRITE IN THIS SPACE	
TO STOR EL O		DO NOT WRITE IN THIS SPACE	
DUDENION 161. 34503		3. Date Incorporated or Qualifed	
Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied For
21 5106 GTD LANEE, 26 5106 10	ITE LANCE.	-	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certifcate of Status Desired	8.75 Additional Fee Required
City & State City & State		6. Election Campaign Financing	Be
BrADENTON FI 28 FL		Trust Fund Contribution	nes
Zip Country Zip Country		8. This corporation owes the current year Intan	
4 34203 25 29 34203 30		Personal Property Tax. ☐No	
Name and Address of Current Registered Agent		10. Name and Address of New Register 10.	nt
	81 Name		
	82 Street Addres	ss (P.O. Box Number is Not Acceptable)	
		- Jane	
	83		
	84 City	-, 8	5 Zip Code
		FL_ *	
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 a			
SIGNATURE Vir L		4/20/9	9
	egistered Agent signature required v		(DECTORS IN 42
12. OFEICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE -President DELETE	1.1 TITLE		Change
NAME THOMAS Brown	1.2 NAME		3
STREET ADDRESS 5106 1975 LN E.	1.3 STREET ADDRESS		Ĺ
TITLE BLADENTON F1. 3420 }	1.4 CITY-ST-ZIP		Change Addition
	2.1 TITLE	Ц	Change [] Addition [
STREET ADDRESS 5106 \$195 LANC 6.	2.2 NAME		
	2.3 STREET ADDRESS		
CITY-ST-ZIP BraDENTON 71, 34203	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
, -			Change [] Addition
NAME	3.2 NAME		
STREET ADDRESS CHET Brown	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE DELETE	3.4. CITY-ST-ZIP	-	Change Addition
2 -		u	Orlango Distantion
STREET ADDRESS RACIAL STORE BOWN	4. 2 NAME		
r · · · ·	4.3 STREET ADDRESS		
CITY-ST-ZIP DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
	5.2 NAME	Ц	
NAME .	5.3 STREET ADDRESS		
STREET ADDRESS	5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE DELETE	6.1 TITLE		Change
	6.2 NAME	Ц	Olivingo
NAME	6.3 STREET ADDRESS		
STREET ADDRESS .	0.3 STREET ADDRESS		

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 supplier hitaly 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 attackment with an address, with all other like empowered.

SIGNATURE:

FILED

May 04, 1999 8:00 am Secretary of State

05-04-1999 90067 030 ***150.00

941-751-4567