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Secretary of State

03-09-1999 90137 049 ***158.75

UC049333

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000090008

1. Corporation Name
12849 CORPORATION

Principal Place of Business
**4061 SOUTHWEST 47TH AVENUE
 FORT LAUDERDALE FL 33314**

Mailing Address
**4061 SOUTHWEST 47TH AVENUE
 FORT LAUDERDALE FL 33314**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 [] 2a. Mailing Address
 26 [] Suite, Apt. #, etc.
 27 [] City & State
 28 [] Zip Country
 29 [] 30 []

3. Date Incorporated or Qualified
10/22/1998

4. FEI Number
65-0894134 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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**STRIAR, MICHAEL P ESQ.
 3864 SHERIDAN STREET
 HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent
 81 Name **MITCH YECKES**
 82 Street Address (P.O. Box Number is Not Acceptable)
4061 SW 47th Avenue
 83 **FORT LAUDERDALE**
 84 City **FL** 85 Zip Code **33314**

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 **MITCHELL YECKES** DATE **1/25/99**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPRING, BARRY	
STREET ADDRESS	4061 SOUTHWEST 47TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	YECKES, MITCH	
STREET ADDRESS	4061 SOUTHWEST 47TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TREASURER, SECRETARY
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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, with all other like empowered.

SIGNATURE: **[Signature]** DATE: **1/25/99** DAYTIME PHONE #: **954-581-2470**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)