

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M63765** (5)

1. Corporation Name  
**DAMMAM INTERNATIONAL CORPORATION**



Principal Place of Business: **16 N.E. 11TH WAY DEERFIELD BEACH FL 33442**  
Mailing Address: **16 N.E. 11TH WAY DEERFIELD BEACH FL 33442**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/17/1987</b>	3a. Date of Last Report <b>06/16/1995</b>
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. State, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Zip	30. Country	4. FET Number <b>APPLIED FOR</b> <i>65-0026848</i>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>ANTONACCI, RAYMOND 16 N.E. 11TH WAY DEERFIELD BEACH FL 33442</b>				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 607.0509, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME <b>P ANTONACCI, RAYMOND</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS <b>16 N.E. 11TH WAY DEERFIELD BEACH FL 33442</b>		1.2 NAME	
3. CITY, ST, ZIP <b>DEERFIELD BEACH FL 33442</b>		1.3 STREET ADDRESS	
4. NAME <b>VP ANTONACCI, JUNE</b>	<input type="checkbox"/> DELETE	1.4 CITY, ST, ZIP	
5. STREET ADDRESS <b>16 N.E. 11TH WAY DEERFIELD BEACH FL 33442</b>		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY, ST, ZIP		2.4 CITY, ST, ZIP	
9. NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS		3.2 NAME	
11. CITY, ST, ZIP		3.3 STREET ADDRESS	
12. NAME		3.4 CITY, ST, ZIP	
13. STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. CITY, ST, ZIP		4.2 NAME	
15. NAME		4.3 STREET ADDRESS	
16. STREET ADDRESS		4.4 CITY, ST, ZIP	
17. CITY, ST, ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
21. NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY, ST, ZIP		6.3 STREET ADDRESS	
24. NAME		6.4 CITY, ST, ZIP	

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\*\*\*200.00

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 in court, 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 an addition thereto with an address.

SIGNATURE: *Ray Antonacci*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Ray Antonacci**  
1/24/96 305-429-0810

CR2E034 (12/95)