


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

APPROVED
AND
FILED

97 JUL 10 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Wendell G. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *PA5000080102*

1. Corporation Name
Gumee Enterprises, Inc.

Principal Place of Business
411 NE 8th AVE

Mailing Address
*PO Box 1060
DELRAY BEACH FL. 33447*

| | |
|--|--|
| 2. Principal Place of Business 81 5044 NE 24th Ave | 2a. Mailing Address 86 PO Box 5576 |
| 82 Suite, Apt. #, etc. | 87 Suite, Apt. #, etc. |
| 83 City & State DELRAY BEACH FL. | 84 City & State Lighthouse Point, FL |
| 85 Zip 33483 | 86 Zip 33074 |
| 87 Country USA | 88 Country |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 10/16/1995 | 3a. Date of Last Report |
| 4. FEI Number 65-0629666 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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

| | |
|---|---|
| 91 Name | 101 Name David W. Bauer |
| 92 Street Address (P.O. Box Number is Not Acceptable) | 102 Street Address 5011 NE 24th Ave |
| 93 | 103 |
| 94 City Lighthouse Point | 104 City Lighthouse Point |
| 95 State FL | 105 State FL |
| 96 Zip Code 33064 | 106 Zip Code 33064 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: *DAVID W. BAUER* DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | P.T.D | <input type="checkbox"/> DELETE |
| NAME | David W. Bauer | |
| STREET ADDRESS | PO Box 5576 | |
| CITY-ST-ZIP | Lighthouse Point, FL 33064 | |
| TITLE | V.S.D | <input type="checkbox"/> DELETE |
| NAME | Lucy H. Bauer | |
| STREET ADDRESS | PO Box 5576 | |
| CITY-ST-ZIP | Lighthouse Point, FL 33064 | |
| 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 | PTD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | DAVID W. BAUER | |
| 1.3 STREET ADDRESS | 411 NE 8th AVE | |
| 1.4 CITY-ST-ZIP | DELRAY BEACH FL. 33483 | |
| 2.1 TITLE | VSD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | LUCY H. BAUER | |
| 2.3 STREET ADDRESS | 411 NE 8th AVE | |
| 2.4 CITY-ST-ZIP | DELRAY BEACH FL 33483 | |
| 3.1 TITLE | 400002238314 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | -07/15/97--01052--007 | |
| 3.3 STREET ADDRESS | ***165.00 ***165.00 | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | 400002238314 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | -07/15/97--01052--008 | |
| 4.3 STREET ADDRESS | ***385.00 ***385.00 | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | <i>A. Alan</i> | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | <i>7/10/97</i> | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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 if changed, or on an attachment with an address.

SIGNATURE: *DAVID W. BAUER* DATE: *4-25-97* (854) 725-9702

CR2034 (9/96)