FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **543003** **(8)**

1. Corporation Name
D.A.M., INC.

Principal Place of Business
9700 COLLINS AVE.
BAL HARBOR FL 33154

Mailing Address
9700 COLLINS AVE.
BAL HARBOR FL 33154

3. Date Incorporated or Qualified: 08/09/1977
3a. Date of Last Report: 02/03/1995
4. FEI Number: 59-1786165 [ ] 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 has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent
MIGICOVSKY, DAVID
9700 COLLINS AVE
BAY HARBOUR FL 33154

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Are Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of its registered office and the name of its registered agent are as follows: I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of Section 607.0501 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DIRECTOR
NAME	MIGICOVSKY, DAVID	
STREET ADDRESS	9700 COLLINS AVE	
CITY-ST-ZIP	BAY HARBOUR FL	
TITLE	DST	[ ] DIRECTOR
NAME	MIGICOVSKY, ADELE	
STREET ADDRESS	9700 COLLINS AVE	
CITY-ST-ZIP	BAY HARBOUR FL	
TITLE		[ ] DIRECTOR
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DIRECTOR
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DIRECTOR
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DIRECTOR
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information indicated on this report or supplemental 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 of this report or is entered in Block 13 by an officer or director of the corporation.

SIGNATURE: X [signature] Apr 10/96 305-935-6696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID MIGICOVSKY

CR2E034 (12/95)