

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

FILED

May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 Mailing Address  
~~9700 COLLINS AVE.~~  
~~BAL HARBOR FL 33154~~  
~~9700 COLLINS AVE.~~  
~~BAL HARBOR FL 33154~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1977

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3801 WATERWAYS BLVD

Suite, Apt. #, etc.

22 #504

23 City & State  
AVENTURA, FL

Zip

24 33180

Country

25 USA

2a. Mailing Address

26 3801 WATERWAYS BLVD.

Suite, Apt. #, etc.

27 #504

28 City & State  
AVENTURA

Zip

29 FL 33180

Country

30 USA

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

DAVID MIGICOVSKY

82 Street Address (P.O. Box Number is Not Acceptable)

3801 WATERWAYS BLVD, #504

83

84 City

AVENTURA

FL

85 Zip Code

33180

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

am 20/98

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME MIGICOVSKY, DAVID  
STREET ADDRESS ~~9700 COLLINS AVE~~  
CITY-ST-ZIP ~~BAY HARBOUR FL~~

☐ DELETE

TITLE DST  
NAME MIGICOVSKY, ADELE  
STREET ADDRESS 9700 COLLINS AVE  
CITY-ST-ZIP BAY HARBOUR FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME MIGICOVSKY, DAVID  
1.3 STREET ADDRESS 3801 WATERWAYS BLVD, #504  
1.4 CITY-ST-ZIP AVENTURA, FLORIDA 33180

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

am 20/98

CR2E034 (10/97)