

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **821626** (9)

1. Corporation Name  
**DYM, INC.**



Principal Place of Business  
**6701 TARREGA DR  
212A  
CORAL GABLES FL 33146  
US**

Mailing Address  
**6701 TARREGA DR  
212A  
CORAL GABLES FL 33146-3125  
US**

3. Date Incorporated or Qualified **07/09/1968** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business  
21 **6701 TARREGA DR**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **6701 TARREGA DR**  
Suite, Apt. #, etc.

4. FEI Number **04-2053923** Applied For ☒ Not Applicable

22 **none**  
City & State

27 **none**  
City & State

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

23 **C. GABLES FL.**  
City & State

28 **CORAL GABLES FL**  
City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 **33146** Zip 25 **FL** Country

29 **33146** Zip 30 **FL** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POBLOCKI, RAYMOND  
6701 TARREGA ST  
CORAL GABLES FL 33146**

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>POBLOCKI, RAYMOND</b>	
STREET ADDRESS	<b>6701 TARREGA ST.</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POBLOCKI, SALLY J</b>	
STREET ADDRESS	<b>670 TARREGA ST</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>POBLOCKI, FRANCIS</b>	
STREET ADDRESS	<b>3151 N 47TH AVE</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POBLOCKI, BARBAR</b>	
STREET ADDRESS	<b>3151 N 47TH AVE</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/27/97 305-665-3926**

Date

Daytime Phone #

CR2E034 (9/96)