

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

**FILED**

**Jan 27 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # F95000004879 (1)**

**1. Corporation Name  
AGUMM, INC.**



**Principal Place of Business  
10636 NW 49TH STREET  
CORAL SPRINGS FL 33076**

**Mailing Address  
481 MAIN STREET  
SUITE 301  
NEW ROCHELLE NY 10801-6380  
US**

**3. Date Incorporated or Qualified 10/09/1995**      **3a. Date of Last Report 08/01/1996**

**2. Principal Place of Business**

**2a. Mailing Address**

**4. FEI Number 13-3839857**  
**NOT APPLICABLE**      **Applied For**  
**Not Applicable**

**21** Suite, Apt #, etc.

**26** Suite, Apt #, etc.

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**22** City & State

**27** City & State

**6. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**

**23** Zip

**25** Country

**28** Zip

**30** Country

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**RUTTER, MATTHEW  
10636 NW 49TH STREET  
CORAL SPRINGS FL 33076**

**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)

**01/17/97**  
DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE**  DELETE  
**C**  
**NAME** **PARIKH, AMARISH**  
**STREET ADDRESS** **30 HAVERFORD AVENUE**  
**CITY-ST-ZIP** **SCARSDALE NY 10583**

**1.1 TITLE**  Change  Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**

**TITLE**  DELETE  
**VC**  
**NAME** **RUTTER, MATTHEW**  
**STREET ADDRESS** **10636 NW 49TH STREET**  
**CITY-ST-ZIP** **CORAL SPRINGS FL 33076**

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

**TITLE**  DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE**  DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE**  DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE**  DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**6.1 TITLE**  Change  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

Date

Daytime Phone

CR2E034 (9/96)