## 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

J63300 DOCUMENT #

(4)

1. Corporation Name PELHAM-DAMON, INC.  Principal Place of Business  **ALVIN S. BLUM 2350 DEL MAR PLACE FT LAUDERDALE FL 33301  **T LAUDERDALE FL 33301  **T LAUDERDALE FL 33301												
							3.	Date Incorporated or Qualified 03/18/1987	3a.	Date of Last R 03/10/19	eport <b>95</b>	
2. Principal Plac	ce of Business	2a. Mailin	g Address			<del></del>	4.	FEI Number <b>65-0001384</b>		ļ <b>4</b> -	Applied For	
Suite, Apt. #,	, etc.	26 Suite,	Apt. #, etc.				+-	Certificate of Status Desired			Not Applicable  Additional	
2		27					5.	Certificate of Status Desired		Fee	Required	
City & State		City 8	State				- 1	Election Campaign Financing Trust Fund Contribution			<b>0</b> May Be d to Fees	
Zip	Country	Zip		Cou	ntry		-+	This corporation has liability fo		le tax under s		
4	25	29		30]					s N			
	9. Name and Address of Curre	mi Hegistered	Agent		81	Name	10.	Name and Address of New	Hegiste	ed Agent	·	
Blum, Al	LVIN S.				82		(P.	O. Box Number is Not Accepta	ablo)			
	. MAR PLACE					Street Addre	Tess (F.O. Box Number is Not Acceptable)					
FT LAUDI	ERDALE FL 33301				83							
					84	City			<b>F</b>	85 Zi	p Code	
SIGNATURE	the provisions of Sections 607.050 d agent, or both, in the State of Flo , and accept the obligations of, Sec gnature, tiped or printed name of registered age					oration's board			pointmer		egistered offic Lagent, Lam	
12.		ND DIRECTORS	. (14	13.	ngon	i signature recomeo		ADDITIONS/CHANGES TO OF		<del> </del>	PRS IN 12	
TITLE	PD		☐ DELETE	1, 1 1	TLE					Change	Addition	
NAME	BLUM, ALVIN S. 2350 DEL MAR PLACE			1.2 N/		1						
STREET ADDRESS CITY-ST-ZIP	FT LAUDERDALE FL			1.3 ST 1.4 CF		ADDRESS .						
TITLE	D		DELETE	2.1 Ti		1-21		***	<del></del>	☐ Change	Addition	
NAME	BLUM, ANDREW F.			2.2 NA	ME	ŀ						
STREET ADDRESS	2350 DEL MAR PLACE FT LAUDERDALE FL			1		ADDRESS						
CITY-ST-ZIP	FI LAUDENDALE FL		□ DELETE	2.4 CI		T - ZIP				☐ Change	Addition	
NAME 1			[] beerie	3.2 NA						Onlings		
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				3.4 CI	TY-S	T-ZIP						
TITLE			DELETE	4.11						Change	Addition	
NAME				4.2 NA								
STREET ADDRESS				1		ADDRESS						
CITY-ST-ZIP TITLE			DELETE	4.4 CI 5. 1 Ti		1-21				Change	Addition	
NAME				5.2 NA							_	
STREET ADDRESS				5.3 ST	REET	ADDRESS						
CITY - ST - ZIP			Francisco	5.4 CI		T-ZIP						
TITLE			DELETE	6 1 T						☐ Change	Addition	
NAME STREET ADDRESS				6.2 NA		ADDDGGG						
CITY-ST-ZIP				6.3 ST		ADDRESS						
14. I do hereby	certify that the information supplied			nished and	does	s not qualify fo						
certify that t	the information indicated on this and am an officer or director of the corp	nual report or su	ppiemental ani	nual report is	s Iru	e and accurat	e and	that my signature shall have th	ie same k	egal effect as i	made under	