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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J63300

(4)

PELHAM-DAMON, INC.

FILED Mar 13 1997 8:00am Secretary of State



Principal Place MALVIN S. B 2350 DEL MAI FT LAUDERDA	LUM P PLACE	Mailing Address % ALVIN S. BLUM 2350 DEL MAR PLACE FT LAUDERDALE FL 33301-1	1510				
-					3. Date Incorporated or Qualified 03/18/1987	3a. Date of Last Re 03/19/1996	port
 		2a. Mailing Address	_		4. FEI Number 65-0001384	 	olied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable \$8.75 Additional	
22					5. Certificate of Status Desired	Fee Red	
City & State City & S		City & State	State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	,	8. This corporation has liability for i		199.032,
24	25 29 30 9. Name and Address of Current Registered Agent		0	Florida Statutes X Yes No 10, Name and Address of New Registered Agent			
BLU	IM, ALVIN S.		81	Name			
235	O DEL MAR PLACE		82	Street Addr	ddress (P.O. Box Number is Not Acceptable)		
FT	LAUDERDALE FL 33301		83				
			84	City		85 Zip C	lode
77				_		FL	
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 Signative, typed or printed name of registered again, and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE							
12.		ND DIRECTORS	13.	eri signature recesi	ADDITIONS/CHANGES TO OFFIC		IN 12
TITLE	PD					☐ Change	Addition
NAME	AARA DEL AJAD DI ACE		1.2 NAME				Š
STREET ADDRESS	ET I ALINEDNALE EL		1	ADDRESS			
CITY-ST-ZIP TITLE	D DODENDALLE	☐ DELETE	2.1 TITLE	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	BLUM, ANDREW F.		2.2 NAME				
STREET ADDRESS	2350 DEL MAR PLACE	50 DEL MAR PLACE 23		T ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY-	ST-ZIP			
TITLE			3.1 TITLE			☐ Change	Addition
NAME	I I		3.2 NAME				
STREET ADDRESS	1		3.3 STREET 3.4 CITY-	I ADDRESS			
CITY+ST-ZIP TITLE		DELETE	4.1 TITLE	01-71r		Change	Addition
NAME			4. 2 NAME	ļ			
STREET ADDRESS		•	4.3 STREE	TADORESS			!
CITY-ST-ZIP			4.4 CITY - 3	ST - ZIP			T-1
TITLE		DELETE	51 TITLE			☐ Change	Addition
NAME CTOSET ADDRESS			5.2 NAME	r ADDOLGG			
STREET ADDRESS City-St-Zip			5.3 STREE	T ADDRESS			
TITLE		☐ DELETE	6.1 TITLE	31.51		☐ Change	Addition
NAME	⋕		6.2 NAME			,	
STREET ADDRESS	•			1 ADDRESS			-
CITY-ST-ZIP			6.4 CITY -	ST-ZIP			

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 chapted, or on an attachment with an address.