

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000011683 (8)

1. Corporation Name

EUM CORP.



Principal Place of Business

6100 GLADES RD.
SUITE 305
BOCA RATON FL 33434

Mailing Address

6100 GLADES RD.
SUITE 305
BOCA RATON FL 33434

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

LESHER, GERALD S
1555 PALM BEACH LAKES BLVD.
SUITE 1000
WEST PALM BEACH FL 33401

3. Date Incorporated or Quained
02/08/1993

3a. Date of Last Report
03/14/1995

4. FEI Number
65-0386509

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0002 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary)

(Signature of New Registered Agent or Secretary)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE	D	☐ DELETED
NAME	MILBERG, MARLYN W	
STREET ADDRESS	6100 GLADES RD. SUITE 305	
CITY, ST., ZIP	BOCA RATON FL 33434	
2. TITLE	S	☐ DELETED
NAME	MILLER, BETTY J.	
STREET ADDRESS	6100 GLADES RD STE 305	
CITY, ST., ZIP	BOCA RATON FL	
3. TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY, ST., ZIP		
4. TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY, ST., ZIP		
5. TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY, ST., ZIP		
6. TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST., ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Betty J. Miller* BETTY J. MILLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96 407-552-1688
Date Filing Fee

CR2E034 (12/95)