

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

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Jan 15 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 # P94000008673 (3)

1. Corporation Name
TRAUM GROUP INC.



Principal Place of Business
19952 VILLA MEDICI PLACE
BOCA RATON FL 33434

Mailing Address
19952 VILLA MEDICI PLACE
BOCA RATON FL 33434-5619

| | |
|---|---|
| 3. Date Incorporated or Qualified 01/24/1994 | 3a. Date of Last Report 03/01/1996 |
| 4. FEI Number 65-0468449 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent
TRAUM, DAVID
19952 VILLA MEDICI PLACE
BOCA RATON FL 33434

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRAUM, DAVID | 12 NAME | |
| STREET ADDRESS | 19952 VILLA MEDICI PLACE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33434 | 14 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRAUM, BARBARA | 22 NAME | |
| STREET ADDRESS | 19952 VILLA MEDICI PLACE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33434 | 24 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRAUM, SELMA | 32 NAME | |
| STREET ADDRESS | 185 MONACO DR. | 33 STREET ADDRESS | 185 Monaco D |
| CITY-ST-ZIP | DERAY BEACH FL 33446 | 34 CITY-ST-ZIP | Deray |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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: David Traum 1/6/97 561-483-3385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (9/96)