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FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1994

4. FEI Number

65-0468449

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 8111 Muirhead Circle

Suite, Apt. #, etc.

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

City & State

23 Boynton Beach FL

City & State

28

Zip

24 33437

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

TRAUM, DAVID
19952 VILLA MEDICI PLACE
BOCA RATON FL 33434

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 607.0502 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME TRAUM, DAVID
STREET ADDRESS 19952 VILLA MEDICI PLACE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE D ☐ DELETE

NAME TRAUM, BARBARA
STREET ADDRESS 19952 VILLA MEDICI PLACE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE D ☒ DELETE

NAME TRAUM, SELMA
STREET ADDRESS 185 MONACO DR.
CITY-ST-ZIP DERAY BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME TRAUM DAVID
1.3 STREET ADDRESS 8111 Muirhead Circle
1.4 CITY-ST-ZIP Boynton Beach FL 33437

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME TRAUM Barbara
2.3 STREET ADDRESS 8111 Muirhead Circle
2.4 CITY-ST-ZIP Boynton Beach FL 33437

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 DAVID Traum 2/11/98 561-733-5435

CR2E034 (10/97)