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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000010309 (0)

DUM, INC.

FILED Jan 24 1997 8:00am Secretary of State



Principal Place of Business 1550 N.E. MIAMI GARDENS DRIVE SUITE 305 N. MIAMI BEACH FL 33179		SUITE 305	1550 N.E. MIAMI GARDENS DRIVE		1 JUDITURI KIR KEKIT BIAN BANA BUKI BUKI BENER HERIK DUKAN INAH BUKIR INIH LUBI			
14. MICHAEL DE	ECOTE LE BALLA	re mirini periori i c 9017	- 1007		3. Date Incorporated or Qualified 02/09/1994		of Last R 2/1996	eport
2. Principal	l Place of Business	2a. Mailing Address 26			4. FEI Number 65-0467511		<u> </u>	plied For of Applicable
Suite, Ar	ot ≢, etc	Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Ζιρ 29	Countr 30	у		Yes 🔲	No	199.032,
	g. Name and Address of Co	urrent Registered Agent			10. Name and Address of New Reg	istered Ag	gent	
	osen, gene s		81	Name				
1550 N.E. MIAMI GARDENS DRIVE SUITE 305			82	Street	Address (P.O. Box Number is Not Acceptable)			
	. MIAMI BEACH FL 33179		83	<u></u>				
			B	City		FL	85 Zip	Code
SIGNATUR	E Signature (specific) printed recent of respect-	S AND DIRECTORS			required when reinstating) ADDITIONS/CHANGES TO OFFIC			
TITLE	P	DELETE	1.1 TITLE		7	I.	Change	Addition
NAME	CASPER, DOROTHY		1.2 NAME					
			IZ NAME		CASPER, GARY			
STREET ADDRES	19860 NW 24TH CT.			T ADDRESS	16614 HOLMOOD AK	211		
STHEET ADDRESS	40000 BRU OATH OT		1.3 STREE 1.4 CITY -	T AODRESS	CASPER, GARY 16614 HOTWOOD DR TAYNDA Fl. 336	ə <u>y</u>		
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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 Statules. 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 Irustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

GARY CASPER

1/16/97

813 (963-3660)

024246