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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000010309 (0)

DUM, INC.

Principal Place of Business

Mailing Address

1550 N.E. MIAMI GARDENS DRIVE SUITE 305 1550 N.E. MIAMI GARDENS DRIVE SUITE 305 FILED
Mar 05 1998 8:00am
Secretary of State



N. MIAMI BEACH FL 33179		N. MIAMI BEACH FL 33179		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified				
					02/09/1994		ļ	
2. Principal Pla		2a. Mailing Address			4. FEI Number	A	pplied For	
21 10614	<u> </u>	26 16614 NOR	STOOM'S	VR	65-0467511	N(ot Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired	
City & State City & State			~ .		6. Election Campaign Financing	\$5.00	May Be	
23 TAY	179 Fh	28 TAMPA	FL		Trust Fund Contribution		to Fees	
Zip	Country	Z ¹ 01 0 4	Country	,	8. This corporation owes or has paid the cu	urrent year In	tangible	
24 776	>人件 25		30				□ No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent POCCH CENE C								
ROSEN, GENE S					GARY CASPER			
1550 N.E. MIAMI GARDENS DRIVE				Street 4	Address (P.O. Box Number is Not Acceptable)			
SUITE 305				16614 NORWOOD DR				
N. MIAMI BEACH FL 33179								
ı			84	City		es Zin	Code	
				· '	TAMPA FL	. " 33	624	
11. Pursuant to	the provisions of Sections 607.0502	and 607, 1508, Florida Statute	s, the above	e-named (corporation submits this statement for the purpose of	of changing if	ls 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 Sum CUSSER GARY CASPER								
8	gnature, typed or priping name of registered agent	and title if applicable. (NOTE:	Registered Age	ont signature i	regulred when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	IS IN 12	
TITLE	P	☐ DELET É	1.1 TITLE			Change	Addition	
NAME	Casper, Gary		1.2 NAME				·	
STREET ADDRESS			1.3 STREET ADDRESS				l i	
CITY-ST-ZIP	TAMPA FL		1.4 CITY - S	T-ZIP			12	
TITLE		DELETE	2.1 TITLE			Change	Addition	
NAME			2.2 NAME	İ				
STREET ADDRESS			2.3 STREET	ADDRESS	ن. در ا		ļ	
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP				
TITLE	DELETE 3.1		3.1 TITLE	i i		Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP	_		3.4. CITY-S	ST-ZIP			1	
TITLE		☐ DELET E	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS			ŀ	
CITY-ST-ZIP	_		4.4 CITY-S	T-ZIP			Į	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME				ا م	
STREET ADDRESS			5.3 STREET	ADDRESS		\mathcal{D}_{i}		
CITY-ST-ZIP			54 CITY-S			1	3.5	
TITLE		☐ DELET E	6.1 TITLE			Change	Addition	
NAME	1		6.2 NAME		20000244898	O2 '		
STREET ADDRESS			6.3 STREET	ADDRESS	-03/06/98010110	07		
CITY-ST-ZIP			6.4 CITY-SI		***1S0.00			
14. I hereby cer	tify that the information supplied with	this filing does not qualify for	the exempt	ion stated	d in Section 119.07(3)(i), Florida Statutes. I further co	ertify 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 eath; 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.								