

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

96 NOV -7 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9500001958

1. Corporation Name

UM DURMAN INVESTMENTS, INC

Principal Place of Business

Mailing Address

1241 AVENUE U

RIVIERA BEACH, FL 33404

REINSTATEMENT 96

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05-0701236		Applied For	
22	City & State	27	City & State	5. Certificate of Status Desired		Not Applicable	
23	Zip	28	Zip	6. Election Campaign Financing		\$8.75 Additional Fee Required	
24	Country	29	Country	Trust Fund Contribution		\$5.00 May Be Added to Fee	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TRICIA L. ELSHREIF				81 Name			
5610 UPLAND WAY				82 Street Address (P.O. Box Number is Not Acceptable)			
WEST PALM BEACH, FL 33417				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)

9/30/96  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TRICIA L. ELSHREIF <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5610 UPLAND WAY	1.2 NAME	
STREET ADDRESS	WEST PALM BEACH, FL 33417	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	400002003614-11/13/96-01176-007
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	****200.00 ****200.00
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	400002003614-11/13/96-01176-008
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****175.00 ****175.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; 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 DIRECTOR

9/30/96  
Date

561-844-1451  
Daytime Phone #

CR2E034 (3/96)