FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

V04203

(8)

1. Corporation TITELB/	AUM ENTERPRISES, INC.	o (6)							
Principal Place of	of Business	Mailing Address]	i 1881) \$159): 981:: 81818 (12:1 8\$1)	(8 iii) Digit bis	# 6161) 416 11	Older Dider - Dui
10117 W. OAKLAND PARK BLVD. SUITE 377 SUNRISE FL 33351 US		10117 W. OAKLAND PA SUITE 377 SUNRISE FL 33351							
						 Date Incorporated or Qualified 01/02/1992 		of Last R 7/03/198	
2. Principal Place		2a. Mailing Address 26	-1 · · ·			4. FEI Number 65-0301813		├-	Applied For Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.	7			5. Certificate of Status Desired			Additional Required
City & State		Oity & State				6. Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip 24	Country 25	Ζφ 29	Country 30			8. This corporation has liability for Florida Statutes Yes	intangible ta	x under s	199.032,
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New I		Agent	
			81	Name	_				
10117 W.	NUM, EVAN . OAKLAND PARK BLVD.		82	Street	Address	(P.O. Box Number is Not Acceptal	ole)		
SUITE 37			83				,		
SUMMISE	FL 33351		84	City			FL	8 5 7¢	o Code
familiar with	the provisions of Sections 607,0502 diagent, or both, in the State of Florin, and accept the obligations of, Sectionary, typed or produce have diagrams.	iga Such change was aufnonze tion 607.0505, Florida Statutes.	id by the corpo	oration's	: board o	of directors. Thereby accept the app	oats	registered	lagent Lam
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		DIRECTO Change	
NAME	TITELBAUM, EVAN	Floren	1.2 NAME		D	muadletist u	U	⊘ Change	Addition
STREET ADORESS	11861 NW 39TH PL		1 3 STHEET	ADDRESS	118	or N.W. 3044 PC			
CITY - ST - ZIP	SUNRISE FL		1.4 CHY-S			onrise pl 3330	<u> </u>		
TITLE		☐ DELETE	2 1 TOLE			-		Change	☐ Add·tion
NAME			2.2 NAMÉ					_	
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY - ST - ZIP			2.4 CITY - ST	T - ZIP					
TITLE		☐ DELETE	3 1] [£					Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			33 STREET						
CITY-ST-ZIP			3.4 CITY - ST	- 71P	ļ	······		5727	
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CITY-ST-ZIP			4.3 STREET						
TIFLE		☐ DELETE	4.4 CITY - ST 5.1 T-TLE	1 - 71P	-		-	Change	Addition .
NAME			5.2 NAME				L	_ one.igo	
STREET ADDRESS			5.3 STREET	ADORESS.					
CITY-ST-ZIP			5.4 CITY - ST						
TITLE		DELETE	6 1 TITLE		-		<u> </u>	Change	Addit on
NAME			6.2 NAME						_
STREET ADDRESS			63STREET	ADORESS					
CITY-ST-ZIP			6.4 CITY - ST						
14. I do hereby certify that to oath; that I a	certify that the information supplied vine information indicated on this annual amain officer or director of the corpositions 12 or Block 13 if changed, or c	ua report or supplemental armu bration or the receiver or trustee	shed and does al report is true empowered to	not que	curato a	and that my skinature shall have the	Leggi ames	offact ac if	made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

डीग्रीव७ (वड्मोडा३-व३१३

CR2E034 (12/95)