


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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V52366 (4)
 1. Corporation Name
NUML, INC., A FLORIDA CORPORATION



Principal Place of Business 21228 ESCONDIDO WAY BOCA RATON FL 33433	Mailing Address 21228 ESCONDIDO WAY BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11351 ALLIGATOR TR		2a. Mailing Address 26 11351 ALLIGATOR TRAIL		3. Date Incorporated or Qualified 07/20/1992	
22. City & State 23 LAKE WORTH		27. City & State 28 LAKE WORTH		4. FEI Number 65-0348013	
24. Zip 33467		29. Zip 33467		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country 25 PALM BEACH		30. Country 30 PALM BEACH		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SIMON, ERIC A. 1500 N.W. 49TH STREET FT. LAUDERDALE FL 33309				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SIMON, ERIC A. 1500 N.W. 49TH STREET FT. LAUDERDALE FL 33309				10. Name and Address of New Registered Agent	
				81 Name ROBERT MILLER	
				82 Street Address (P.O. Box Number is Not Acceptable) 11351 ALLIGATOR TRAIL	
				83	
				84 City LAKE WORTH	
				85 Zip Code 33467	

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 _____ DATE **4-5-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROBERT	1.2 NAME	
STREET ADDRESS	21228 ESCONDIDO WAY	1.3 STREET ADDRESS	11351 ALLIGATOR TRAIL
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 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, 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 affidavit with an address.

SIGNATURE: _____ DATE **4-5-98** **201-793-0213**

CFR2E034 (10/97)