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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 544905** 

DR. MAUREES KRAMER, P.A.

## **FILED** Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90066 022 \*\*\*150.00



Principal Place	of Business	, Maining Addi								
3200 WEST SUNRISE BLVD.			SUNRISE BLVD.			•				
PLANTATION FL	33322	PLANTATION	FL 33322				IOT WRITE IN THIS	SPACE	———¬	
	•					3. Date Incorporated or	Qualifed		\·	
	<i>:</i>					09/09/1977				
		1 0 14-31-0	Addross			4. FEI Number		Appli	ed For	*5
<ol><li>Principal Pla</li></ol>	ice of Business	2a. Mailing A	4001622			59-1766167		Not A	Applicable	1.0967
1		26	. "					\$8.75 Ad	ditional	3
Suite, Apt. #	, etc.	Suite, Ap	pt. #, etc.			5. Certificate of Status D	esired 🔲	Fee Requ	Jired berit	
		27				The section of the F		\$5:00 M	av Ba	- :
City & State		City & S	tate			6. Election Campaign F		Added to	- 1	:
23		28				Trust Fund Contributi				
Zip	Country	Zip	` —	Country	У	8. This corporation owe		MZYes □	No	į
ਕ <sup>ਾ</sup>	25	29	30	<u> </u>		Personal Property Ta	st New Begintered			į
<u></u>	9. Name and Address of Cur	rent Registered Ag	ent			10. Name and Address	of New Registered	Agent		:
		.;		81	Name	٠.				
GALI	N, CLARK D.			82	Street Add	ress (P.O. Box Number is No	ot Acceptable)			
1520	S.W. 68TH: AVE			8	Sueer Add		والمستعدد	<u> </u>	<del></del>	
	ITATION FL 33317			83	3		MINISTER INC.			
. FUNI	IIAIION I E 000 II					<u> </u>		85 Zip Co	200	
				84	4 City	1100	FI	85 Zip Co	ide	
	•	a <u>*</u>	<u></u>			" the thin stateme	ont for the purpose of	f changing its re	egistered	
11. Pursuant	to the provisions of Sections 607. egistered agent, or both, in the St	0502 and 607.1508,	Florida Statutes,	the abor	ve-named cor	poration submits this state in ion's board of directors. I he	reby accept the appo	intment as regi	stered	
office or r	egistered agent, or both, in the St m familiar with, and accept the ob	tate of Florida, Such Minations of Section	607.0505, Florida	Statute	es.					
agent. I a	m tamiliar with, and accept the ob	Algoriono on account								٠
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Res	gistered Ag	ent signature requi	red when reinstating)	DATE	LID DIDECTOR	36 IN 12	CR2E034 (11/98)
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGI	ES TO OFFICERS A	Change	Addition	Ξ
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NAME				1.3 STRE	ET ADORESS	•			ļ.	Щ
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TITLE	VDS		☐ DETE IE							
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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 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, with all other line reports.

SIGNATURE: