## 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       |        |  |
|------------|--------|--|
| DOCUMENT # | K55536 |  |

(0)

| 1. Corporati  | IANO & KRAMER, P.A.  |  |   | <br>   |   |
|---|--|--|---|--|---|
| Principal Pla   | ce of Business   | Mailing Address  |   |  |   |
| % WILLIAM<br>980 N FED  | S. KRAMER<br>ERAL HWY STE 440<br>On FL 33432   | % WILLIAM S. KRAME<br>980 N FEDERAL HWY<br>BOCA RATON FL 3343  | STE 440   |  |   |
| 2007.7  |  | book haron re sos  | n.  | 3. Date Incorporated or Qualified 12/21/1988 | 3a. Date of Last Report<br>04/20/1995   |
| <ol> <li>Principal I</li> </ol>   | Place of Business  | 2a. Mailing Address<br>26  |   | 4. FEI Number<br>65-0091557                  | Applied For Not Applica   |
| Suite, Apl  | #, etc.  | Suite, Apt. #, etc.  |   | 5. Certificate of Status Desired             | \$8.75 Additional   |
| City & Sta  | ite  | City & State   |   | 6. Election Campaign Financing               | Fee Required  \$5.00 May Be   |
| <b>3</b>  <br>Zip   | Country  | 28   | Country   | Trust Fund Contribution                      | Adoed to Fees   |
| 4]  | 25   | 29   | 30  |  | s 🔲 No  |
| - <del></del> -   | g. Name and Address of Curre   | nt Registered Agent  | 81 Name   | 10. Name and Address of New F                | Registered Agent  |
| KRAME   | er, william s.   |  | L.L   |  |   |
|   | FEDERAL HWY STE 440  |  | 82 Street Add   | dress (P.O. Box Number is Not Acceptat       | ble)  |
| BOCA  | RATON FL 33432   |  | 83  |  |   |
|   |  |  | 84 City   |  | FL 85 Zip Code  |
| or realste  | ered agent, or both, in the State of Flori   | ida. Such change was authorize   | es, the above-hamed corpo<br>ed by the corporation's boa  | pration submits this statement for the pu    | rpose of changing its registered of   |
| familiar v  | ored agent, or both, in the State of Flori<br>with, and accept the obligations of, Sec<br>Signature, typed or printed name of registered agen                    | tion 607,0505, Florida Statutes  | ed by the corporation's boa   | ard of directors. I hereby accept the app    | rpose of changing its registered of<br>pointment as registered agent. I am  |
| familiar v<br>SIGNATURE.  | with, and accept the obligations of, Sec<br>Signature, bysed or printed name of registered agen<br>OFFICERS AN   | t and titre if applicable (NO)  D DIRECTORS  | eo by the comoration's hos  | ard of directors. I hereby accept the app    | pointment as registered agent. I am   |
| familiar v SIGNATURE  | with, and accept the obligations of, Sec Signature, typed or printed name of registered agen OFFICERS AN DVS   | t and title if applicable (NO  | of Englishered Again signature require  13.  1.1 TILE   | ard of directors. I hereby accept the app    | pointment as registered agent. I am   |
| familiar v SIGNATURE.  12.  HTLE  | Signature, byted or printed name of registered agen  OFFICERS AN  DVS  KRAMER, WILLIAM S.  | t and titre if applicable (NO)  D DIRECTORS  | of Er Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  | ard of directors. I hereby accept the app    | pointment as registered agent. I am  DATE  FICERS AND DIRECTORS IN 12   |
| familiar v<br>BIGNATURE   | with, and accept the obligations of, Sec Signature, typed or printed name of registered agen OFFICERS AN DVS   | t and titre if applicable (NO)  D DIRECTORS  | TE: Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  | ard of directors. I hereby accept the app    | pointment as registered agent. I am  DATE  FICERS AND DIRECTORS IN 12   |
| familiar v SIGNATURE.  12.  HILE HAME HAREET ADDRESS  | Signature, by ed or printed name of registered agen  OFFICERS AN  DVS  KRAMER, WILLIAM S.  980 N FEDERAL HWY  BOCA RATON FL  DP                                  | t and titre if applicable (NO)  D DIRECTORS  | of Er Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  | ard of directors. I hereby accept the app    | pointment as registered agent. I am  DATE  FICERS AND DIRECTORS IN 12   |
| familiar v familiar v eignature  2.  THE  AME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  | Signature, by ed or printed name of registered agen  OFFICERS AN  DVS  KRAMER, WILLIAM S.  980 N FEDERAL HWY BOCA RATON FL  DP  SICILIANO, THOMAS V.             | tion 607,0505, Florida Statutes t and tite of applicable (NO   | TE: Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST-ZIP   | ard of directors. I hereby accept the app    | DATE  FICERS AND DIRECTORS IN 12  Change Addition   |
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appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR appears in Block 12 or Block 13 if changed or on

4/25/96

(407) 338-9990