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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000480

1. Corporation Name
THE THOMAS KRAMER FOUNDATION INC.

Principal Place of Business	Mailing Address
ONE S. POINTE DR. MIAMI BEACH FL 33139 US	ONE S. POINTE DR. MIAMI BEACH FL 33139 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 404 WASHINGTON AVE.	26 404 WASHINGTON AVE.	11/23/1992
22 Suite, Apt. #, etc. 120	27 Suite, Apt. #, etc. 120	4. FEI Number 65-0375544 ☐ Applied For ☐ Not Applicable
23 City & State MIAMI BEACH, FL	28 City & State MIAMI BEACH, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip 33139 25 Country DADE	29 Zip 33139 30 Country DADE	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

NEE, MARGARET
ONE S. POINTE DR.
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 404 WASHINGTON AVENUE
83 SUITE 120
84 City MIAMI BEACH FL 85 Zip Code 33139

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRAMER, THOMAS ONE S. POINTE DRIVE MIAMI BEACH FL 33139	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 404 WASHINGTON AVE., SUITE 120 MIAMI BEACH, FL 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~HANAU, HEINRICH VON~~ ~~ONE S. POINTE DR.~~ ~~MIAMI BEACH FL 33139~~	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NEE, MARGARET ONE S. POINTE DR. MIAMI BEACH FL 33139	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition 404 WASHINGTON AVE., SUITE 120 MIAMI BEACH, FL 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☑ Addition SID CATHY CALONNESE 404 WASHINGTON AVE., SUITE 120 MIAMI BEACH, FL 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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 617, 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 like empowered.

SIGNATURE: Margaret Nee SIGNATURE REQUIRED Margaret Nee 4/28/99 305-532-3386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #