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Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000035865 (2)
1. Corporation Name
MARK KRAEMER & ASSOCIATES, INC.



Principal Place of Business: 8640 PHILIPS HWY, 24 JACKSONVILLE FL 32256, US
Mailing Address: 8640 PHILIPS HWY, 24 JACKSONVILLE FL 32256-1209, US

3. Date Incorporated or Qualified: 05/04/1994
3a. Date of Last Report: 04/30/1996
4. FEI Number: 59-3239607
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
ELEFANT, FRED
1650 PRUDENTIAL DR
SUITE 105
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAEMER, MARK	1.2 NAME	
STREET ADDRESS	2785 VIA BAYA LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	1.4 CITY-ST-ZIP	
TITLE	Kenneth Edwards, Robert J.	2.1 TITLE	Edwards Robert J. R. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12914 Highland Cir	2.2 NAME	12914 Highland Cir N.P.
STREET ADDRESS	Box A Raton, FL 33428	2.3 STREET ADDRESS	Box A Raton, FL 33428
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	WESTON, STEVE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	2486 COMFORT
STREET ADDRESS		3.3 STREET ADDRESS	W. BLOOMFIELD, MI 48323
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	300002208613
STREET ADDRESS		5.3 STREET ADDRESS	-06/11/97--01052--017
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***165.00
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	PE
STREET ADDRESS		6.3 STREET ADDRESS	6-2
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: [Handwritten signatures] 4/30/97 900-789-9126

CR2E034 (9/96)