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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90194 050 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # P94000035865

1. Corporation Name

MARK KRAEMER & ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 8640 PHILIPS HWY
 24
 JACKSONVILLE FL 32256
 US

Mailing Address
 8640 PHILIPS HWY
 24
 JACKSONVILLE FL 32256
 US

3. Date Incorporated or Qualified

05/04/1994

4. FEI Number

59-3239607

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
 Suite, Apt. #, etc.

26
 Suite, Apt. #, etc.

23
 City & State

27
 City & State

24
 Zip
 25
 Country

28
 Zip
 29
 Country
 30

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 owes the current year Intangible Personal Property Tax. Yes No

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE D
 NAME KRAEMER, MARK
 STREET ADDRESS 2795 VIA BAYA LN
 CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE VP
 NAME EDWARDS, ROBERT J JR.
 STREET ADDRESS 12914 HYLAND CIR.
 CITY-ST-ZIP BOCA RATON FL 33428

TITLE T
 NAME WESTON, STEVE
 STREET ADDRESS 2486 COMFORT
 CITY-ST-ZIP W. BLOOMFIELD MI 48323

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE
 1.2 NAME KRAEMER, MARK
 1.3 STREET ADDRESS 2651 FOREST CIRCLE
 1.4 CITY-ST-ZIP JACKSONVILLE, FL 32257

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Kraemer President

4/27/99

904-737-9636

CR2E034 (1/98)