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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000018898 (3)

information indicated on this annual report or supplemental I am an officer or director of the corporation or the receiver of appears in Block 12 or Block 13 if changed, or on an arriach

SIGNATURE:

DARYL B. CRAMER, P.A.

Principal Place of Business

ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVENUE. S SUITE 201 WEST PALM BEACH FL 33401-2010 US		250 AUSTRALIAN AVEN	ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVENUE. SO. #201 WEST PALM BEACH FL 33401-5012 US		3. Date Incorporated or Qualified 03/06/1995	3a. Date 04/16	of Last R 6/1996	eport
	ace of Business	2a. Mailing Address		4. FEI Number	<u> </u>		oplied For	
21		26			65-0566225		~~~~	ot Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	X	•	Additional equired
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Ζιρ 24	Country 25	Z(p	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	latered Ag	ent	
DARYL B CRAMER			81	81 Name				
250	E CLEARLAKE CENTRE AUSTRALIAN AVENUE, SOU	TH, SUITE 201	62	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
WES	ST PALM BEACH FL 33401		83					
			84	City		FL	85 Zip	Code
SIGNATURE	Signature, hyped or proded name of registered OFFICERS	tagent and title if applicable. (N			altion's board of directors. I hereby acceptualist acceptualist of the second sec	DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIF	PSTD CRAMER, DARYL B 1 CLEARLAKE CTR., 250 A WEST PALM BEACH FL	USTRALIAN AV. S 201	1.1 TETLE 1.2 NAME 1.3 STREET 1.4 CITY - 5				Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-1			·	1 Gradige	Addition
TITLE NAME STREET ADDRESS CITY: S1: ZIP		[] DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-] Change	Addition
NAME STREET ADDRESS	•	[] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET				_] Change	Addition
CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-5	ADDRESS			Change	Addition
TITLE NAME SIREET ADDRESS		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET				Change	Addition

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

amfigal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name