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May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000018898 (3)

1. Corporation Name
DARYL B. CRAMER, P.A.

Principal Place of Business	Mailing Address
ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVENUE. S SUITE 201 WEST PALM BEACH FL 33401-2010 US	ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVENUE. SO. #201 WEST PALM BEACH FL 33401-5010 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1995

2. Principal Place of Business	2a. Mailing Address
21 515 North Flagler Drive	26 515 North Flagler Drive
Suite, Apt. #, etc. 22 Suite 910	Suite, Apt. #, etc. 27 Suite 910
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip 24 33401 Country 25 USA	Zip 29 33401 Country 30 USA

4. FEI Number: 65-0566225 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DARYL B CRAMER ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVENUE, SOUTH, SUITE 201 WEST PALM BEACH FL 33401	81 Name: Daryl B. Cramer 82 Street Address (P.O. Box Number is Not Acceptable): 515 North Flagler Drive, Suite 910 83 84 City: West Palm Beach FL 85 Zip Code: 33401

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 _____ [redacted] 4/1/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CRAMER, DARYL B 1 CLEARLAKE CTR., 250 AUSTRALIAN AV. S 201 WEST PALM BEACH FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PSTD Cramer, Daryl B. 515 North Flagler Drive, Suite 910 West Palm Beach, FL 33401 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
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
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

CR2E034 (10/97)

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____