

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
CORPORATION FOR CORPORATE SERVICES

APPROVED
AND
FILED

MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F81726**

(4)

SCHRAM CORPORATION

DO NOT WRITE IN THIS SPACE

1. Principal Office Location		2a. Mailing Address	
1b. Mailing Address		2b. Mailing Address	
3. Date of Incorporation		3a. Date of Last Report	
4. FEE Number		4b. FEE Number	
5. Certificate of Status (Required)		5b. Certificate of Status (Required)	
6. Election Campaign Financing		6b. Election Campaign Financing	
7. Trust Fund Contribution		7b. Trust Fund Contribution	
8. Other Information		8b. Other Information	

3. Date of Incorporation	05/18/1982	3a. Date of Last Report	05/01/1994
4. FEE Number	59-1462008	4b. FEE Number	
5. Certificate of Status (Required)		5b. Certificate of Status (Required)	\$8.75 Additional Fee Required
6. Election Campaign Financing		6b. Election Campaign Financing	\$5.00 May Be Added to Fees
7. Trust Fund Contribution		7b. Trust Fund Contribution	
8. Other Information		8b. Other Information	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHRAM, GERALD 5361 S.W. 21ST CT. FT LAUDERDALE FL 33317		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. State (FL)	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is authorized to transact business in the State of Florida, and that the undersigned is duly qualified to act as the registered agent of said corporation in the State of Florida.

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME: SCHRAM, GERALD ADDRESS: 5361 S.W. 21ST CT. CITY: FT LAUDERDALE FL STATE: S		NAME: SCHRAM, JUNE ADDRESS: 5361 S.W. 21ST CT. CITY: FT LAUDERDALE FL STATE: S	

14. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that any separate shall have the same legal effect as if made under oath. I am not responsible for the consequences of the receipt or failure to receive this report as required by Chapter 222, Florida Statutes, and that my name appears on this report as the registered agent of said corporation.

SIGNATURE: *June Schram* JUNE SCHRAM 5/18/95 305 584 3040
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR