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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # F98766

(1)

KRAMER D.P.M., P.A.

Principal Place of Business

C/O ROBERT C. KRAMER

SIGNATURE:

**FILED** May 08 1998 8:00am Secretary of State



Mailing Address C/O ROBERT C. KRAMER 2513 S. PARK DR.

2513 S. PARK DR. SANFORD FL 32773-5106 DO NOT WRITE IN THIS SPACE SANFORD FL 32773-5106 3. Date Incorporated or Qualified 09/09/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2219884 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 6. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes Yes 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KRAMER, ROBERT C. DPM 2513 S. PARK DR. Street Address (P.O. Box Number is Not Acceptable) SANFORD FL 32771 83 84 City 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 Inte Change Addition KRAMER, ROBERT C NAME 1.2 NAME 937 GOLFSIDE DR. STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE Change 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE \_\_ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DEL ETE Change 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change ☐ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby certify that the information expedied 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 of 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 trusted 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 only in attaching the man of the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trusted 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 only in attaching the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of the corporation of the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver