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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G37584

(1)

1. Corporation Name
REKRAM, INC.

Principal Place of Business

12152 W. COLONIAL DR
WINTER GARDEN FL 34787
US

Mailing Address

12152 W. COLONIAL DR
WINTER GARDEN FL 34787
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/05/1983

3a. Date of Last Report
04/19/1994

4. FEI Number
59-2289544

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 770 So. Orange Blossom Tr.

Suite, Apt. #, etc.

2a. Mailing Address

26 770 So. Orange Blossom Tr.

Suite, Apt. #, etc.

22

City & State

23 Apopka, FL

Zip

Country

24 32703

25 Orange

27

City & State

28 Apopka, FL

Zip

Country

29 32703

30 Orange

9. Name and Address of Current Registered Agent

MARKER, ALVIN C.
1542 E. HWY. 50
WINTER GARDEN FL

81 Name

MARKER, ALVIN C.

82 Street Address (P.O. Box Number is Not Acceptable)

770 South Orange Blossom Trail

83

84 City

Apopka

FL

85 Zip Code

32703

10. Name and Address of New Registered Agent

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MARKER, ALVIN C.
STREET ADDRESS 685 HWY 599A
CITY-ST-ZIP AUBURNDALE FL

TITLE STD

STREET ADDRESS 685 HWY 599A
CITY-ST-ZIP AUBURNDALE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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:

Alvin C. Marker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 1995 904-427-5117