

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

**APPROVED
AND
FILED**

96 SEP 16 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M28889 (7)**

1. Corporation Name
EILEEN KRAMER, INC.



Principal Place of Business Mailing Address
19500 TURNBERRY WAY SUITE # 16D AVENTURA FL 33180 A **19500 TURNBERRY WAY SUITE # 16D AVENTURA FL 33180** A

3. Date Incorporated or Qualified **03/14/1986** 3a. Date of Last Report **08/15/1995**

2. Principal Place of Business 2a. Mailing Address
21 **19500 TURNBERRY WAY** **19500 TURNBERRY WAY**
Suite, Apt. #, etc. **#16D** Suite, Apt. #, etc. **#16D**
22 **Aventura FL.** 27 **Aventura FL.**
City & State City & State
23 **33180** 28 **33180**
Zip Zip
24 **U.S.A.** 29 **U.S.A.**
Country Country

4. FEI Number **59-2672172** 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 has liability for intangible tax under s. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KRAMER, EILEEN FAVOR
19500 TURNBERRY WAY SUITE # 16D AVENTURA FL 33180

10. Name and Address of New Registered Agent
81 Name **Eileen FAVOR KRAMER**
82 Street Address (P.O. Box Number is Not Acceptable) **19500 TURNBERRY WAY #16D**
83 **Aventura**
84 City **FL** 85 Zip Code **33180**

11. Pursuant to the provisions of Sections 607.0502 and 607.1518, 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 607.0605, Florida Statutes.

SIGNATURE *Eileen FAVOR Kramer*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FAVOR, EILEEN	
STREET ADDRESS	19500 TURNBERRY WAY #16D	
CITY - ST - ZIP	AVENTURA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change <input checked="" type="checkbox"/> Add <input type="checkbox"/>
12 NAME	Pd. KRAMER, Eileen FAVOR
13 STREET ADDRESS	19500 TURNBERRY WAY #16D
14 CITY - ST - ZIP	AVENTURA FL 33180
21 TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
32 NAME	000001950720
33 STREET ADDRESS	-09/18/96--01077--001
34 CITY - ST - ZIP	****225.00 ****225.00
41 TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
62 NAME	REINSTATEMENT FEE
63 STREET ADDRESS	WAIVED - SEE ATTACHMENT
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 119.07(3)(k), 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: *Eileen FAVOR Kramer* **May 1 / 96 305-933-9566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF FILING

CR2E034 (12/95)

The Kramers^{pg. 2}



Eileen Kramer Inc. (Bags & Belts)
19500 Turnberry Way, #16D
Aventura Fl. 33180,
305 933-9566

This letter confirms my conversation with Andrew Henlop as to the reasons I have not been receiving my mail and the reason in which the reinstatement fee has been waived.

In filling out my 1995 document for filing I changed the address of the officer (myself) and did not realize that