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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000031877

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90256 014 \*\*\*150.00

RUSS K	RAMER CRE	ATIVE, INC.										
Principal Place	e of Business		Mailin	g Address				I Mattett må thraå mm abut app	1 68111 20100 1	11 B1 14 BB1 1811	19911 1991 1991	
4224 GOLF CLUB LN.  TAMPA FL 33624  US  4224 GOLF CLUB LN.  TAMPA FL 33624  US								DO NOT WRIT	E IN THIS	SPACE		
			•					3. Date Incorporated or Qualifed				
								04/30/1993				
Principal Place of Business     Za. Mailing Addre								4. FEI Number		<del></del>	pplied For	
21		26					59-3178778			ot Applicable		
Suite, Apt.	#, etc.	27 Su	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional equired		
City & Stat	e	Cir	City & State				6. Election Campaign Financing			May Be		
23			28					Trust Fund Contribution		Added	to Fees	
Zip				Zip Cou				8. This corporation owes the curre	nt year Inta		MiNo	
24	25		29					Personal Property Tax.  10. Name and Address of New R	- eletered /	☐ Yes	(25,INO	
	9. Name and	Address of Currer	t Registere	ed Agent		81	Name	10. Name and Address of New R	gistereu r	Agur		
VD4	MED DIRECT	1 1A/				"'	Name					
Kramer, Russell W 4224 Golf Club Ln.						82	Street Addr	ess (P.O. Box Number is Not Accepta	ole)		ĺ	
TAMPA FL 33624												
IAW	IFA FL 33024					83						
		•				84	City		FL	85 Zip	Code	
44.5	41		0 607.1	1E00=Elosido: State	toe the	hove	named corn	oration submits this statement for the	umose of o	hanging its	s registered	
Office of r	registered agent	or both, in the State and accept the obliga	of Florida. 3	Such change was :	autnorized	I DV	ine corporalio	on's board of directors. I hereby accep	the appoin	tment as r	egistered	
SIGNATURE		inted name of registered age	-4 4 14	Alonhio (MOT	C. Dogietorod	Agen	t rignature require	d when reinstating)	DATE		}	
12.	Signature, typed or pri	OFFICERS AN			13.		t signatora radono	ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·	D DIRECT	ORS IN 12	9
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NAME	1											
I					6.2 N	AME					(	1
STREET ADDRESS							FADDRESS					)

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 for on an effectment with an address, with all other like empowered.

SIGNATURE:

813-265-2011