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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000066928 (1)

1. Corporation Name

CAREY KRAMER COMPANY - SOUTH FLORIDA



Principal Place of Business

3265 MERIDIAN PKWY
SUITE 100
FT. LAUDERDALE FL 33331

Mailing Address

3265 MERIDIAN PKWY
SUITE 100
FT. LAUDERDALE FL 33331-3505

3. Date Incorporated or Qualified
09/27/1993

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0438507

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. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

SIMIGRAN, KENNETH H
3265 MERIDIAN PKWY.
STE #100
SUNRISE FL 33331

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	KRAMER, JOHN R	
STREET ADDRESS	135 WILMAN DR.	
CITY-ST-ZIP	PITTSBURGH PA 15238	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	CAREY, ROBERT S	
STREET ADDRESS	1001 LIBERTY AVE. STE 050	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SILVESTER, LARRY E	
STREET ADDRESS	3265 MERIDIAN PKWY. STE 100	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	REX, ALBERT G	
STREET ADDRESS	3265 MERIDIAN PKWY. STE 100	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	SIMIGRAN, KENNETH H	
STREET ADDRESS	3265 MERIDIAN PKWY. STE 100	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOOGLAS, STEPHEN M.	
1.3 STREET ADDRESS	3265 MERIDIAN PKWY. STE 100	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33331	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LAHMAN, LANCE	
2.3 STREET ADDRESS	3265 MERIDIAN PKWY. STE 100	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33331	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)