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**PROFIT** CORPORATION ANNUAL REPORT

1999

TREET ADDRESS

ITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P93000066928 (1)

## **FILED** Jun 18, 1999 8:00 am Secretary of State

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CARE	Y KRAMER COMPANY -	- SOUTH FLO	ORIDA				1711111	) 	in <b>ma</b> i i		11880 1801 1881	
Principal Pla	ce of Business	Mail	ing Address		_			, ,	*****	** *****	11001 1211 1001	
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FT. LAUDERDALE FL 33331 FT. LAUDERDALE FL 333						ļ		DO NOT WRIT	E IN THIS	SPACE		_
							3. Date Inco	orporated or Qualified to 1997				}
<u> </u>			Apilion Andreas				4. FEI Numt				Applied For	$\dashv$
2. Principal Place of Business		2a. N	lailing Address					38507			Not Applicable	릵
	Suite, Apt. #, etc.		Suite, Apt. #, etc.						×		Additional	7
22			27				5. Certificate	e of Status Desired		Fee	Required	╛
City & State			City & State				6. Election C	Campaign Financing		\$5.0	O May Be	
23		28					Trust Fun	d Contribution		Adde	d to Fees	4
Zip	Country	z	ip		intry	1		oration owes or has pa		<b>-</b>		
24	25	29		30	,			Property Tax due June			U No	4
	9. Name and Address of (	Current Register	ed Agent		04/ 6/200		10. Name an	d Address of New Re	gistered	Agent		-
	Migran, Kenneth H				81 Name	2						ľ
	65 MERIDIAN PKWY.				82 Stree			imber is Not Acceptal	ple)			٦
STE #100					188	10 1	V. COM	MELLE FIL	cay.			4
SU	INRISE FL 33331				83 4	t .	3		•			
					84 City	<u>. U.                                   </u>	<del>-</del>			85 Zip	Code	7
						<u>vest</u>	0N		<u>FL</u>		43 EE	7
11. Pursuant office or ragent. La	to the provisions of Sections 60 registered agent, or both, in the im familiar with, and accept the	7.0502 and 607. State of Florida. obligations of, Se	1508, Florida Stati Such change was ection 607.0505, F	utes, the ai authorize Torida Stat	pove-named d by the colutes.	d corpora rporation	tion submits to s board of dir	his statement for the p ectors. I hereby accep	ourpose of ot the app	changing pintment a	its registered s registered	
SIGNATURE		_										
3/3/17/10/12	Signature, typed or printed name of registe				Agent signatur	e required w			DATE			<u>ء</u> َ إ
12.		S AND DIRECTO		13.		<del></del>	ADDITIONS	/CHANGES TO OFFIC	ERS AND	Change		┧Ѯ
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5 3 STREET ADDRESS

5 4 CITY - ST - ZIP

1. I hereby certify that the information supplied with this filling 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 the information supplied with this filling does not qualify the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes in Section 119.07(3)(iii). Florida Statutes in Section 119.07(3)(iii). Florida Statutes in Section 119.07(3)(iii). Fl