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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000060190 (3)

CRAM INC.

Mailing Address

FILED May 06 1997 8:00am Secretary of State



	L 34209	6807 39TH AVE. CIR. W. BRADENTON FL 34209-7	631		Date Incorporated or Qualified 08/11/1994		e of Last I	Report
9 Dringing D	lace of Business	2a. Mailing Address			4. FEI Number	00/0		pplied For
21 Principal r	IRGO OF BUSINESS	26 Maning Address			65-0517355			ot Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.						Additional
2		27			5. Certificate of Status Desired			Required
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution) May Be I to Fees
Zip [4]	Country 25	Zip	Cour 30	try		Yes 🗓	No	s. 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered A	gent	
	IN, ALAN		Ι,	Name				
2331-P 63RD AVE. EAST Bradenton FL 34203			L	82 Street Address (P.O. Box Number is Not Acceptable)				
				53				
			1	B4 City		FL	85 Zip	Code
41 Price rand	to the provisions of Sections 607 BEC	12 and 607 1509 Florida Stat	ites the sh	ove-named o	orporation submits this statement for the p		changing	its registered
SIGNATURE:	Signature, typed or printed name of registored ag	ent and title if applicable (NO	OTE: Registered	Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO	RS IN 12
Tifle	PTO	☐ DELETE	1.1 TITI	E I			Change	
NAME	ZAMBRISKIE, CINDY J		1.2 NA	AE }				
	AAAN AATH ALE OID MEAT							
STREET ADDRESS	6607 39TH AVE. CIR. WEST		1.3 STR	EET ADDRESS				
	BRADENTON FL 34209			EET ADDRESS V-ST-ZIP				
STREET ADDRESS CHY-ST-ZIP TITLE		DELETE		Y-ST-ZIP			Change	☐ Addition
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CTY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-74P		☐ DELETE	1.4 CIT 2.1 TIVI 2.2 NAN 2.3 STR 2.4 CIT 3.1 TIVI	Y-ST-ZIP LE AE SEET ADDRESS Y-ST-ZIP LE		-	Change	
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CITY-SI, ZIP TITLE NAME STREET ADDRESS CITY-SI, 749 TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE		☐ DELETE	1.4 CIT 2.1 TIII 2.2 NAN 2.3 STF 2.4 CIT 3.1 TIII 3.2 NAI 3.3 STF 3.4 CIT 4.1 TIII 4.2 NAI 4.3 STF 4.4 CIT 5.1 TIII 5.2 NAI 5.3 STF 5.4 CIT 6.1 TIII 6.2 NAI 6.3 STF	Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP			Change Change	Addition Addition

If do nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(t), 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 chapted or on an attachment with an address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

135/97 941-795-044