

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000058340 (7)

1. Corporation Name

PAINT BY JIM KRAMER, INC.



Principal Place of Business

Mailing Address

~~3100 OLD WINTER GARDEN ROAD, #1032~~
~~OCOE FL 34761~~

~~3100 OLD WINTER GARDEN ROAD, #1032~~
~~OCOE FL 34761~~

3. Date Incorporated or Qualified

3a. Date of Last Report

07/24/1995

2. Principal Place of Business

2a. Mailing Address

21 930 CARTER RD

26 930 CARTER RD

Suite, Apt #, etc

Suite, Apt #, etc

22 UNIT # 317

27 UNIT # 317

City & State

City & State

23 WINTER GARDEN, FL

28 WINTER GARDEN, FL

Zip

Country

Zip

Country

24 34787

25 ORANGE

29 34787

30 ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAMER, JAMES F
3100 OLD WINTER GARDEN ROAD, #1032
OCOE FL 34761

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83 930 CARTER RD UNIT # 317

84 City

WINTER GARDEN FL

85 Zip Code

34787

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 (Type or print name of registered agent and fee, if applicable)

(If Not Registered Agent Signature Required when Re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KRAMER, JAMES F
STREET ADDRESS ~~3100 OLD WINTER GARDEN ROAD, #1032~~
CITY-ST-ZIP ~~OCOE FL 34761~~

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31 TITLE
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33 STREET ADDRESS
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41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

930 CARTER RD, UNIT # 317
WINTER GARDEN, FL 34787

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James F. Kramer

JAMES F. KRAMER 7/11/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)