FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000091548 (4)

1. Corporation Name

CRAMER ACCOUNTING & CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
%J S MUTNICK 9050 PINES BLVD #250 PEMBROKE PINES FL 33024	%J S MUTNICK 9050 PINES BLVD #250 PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified: 11/29/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3404 Bimini Ave	26 P.O. Box 324
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Cooper City, Fl	City & State 28 CENTERPORT, NY
Zip 24 33026 / Country 25 USA	Zip 29 11721-0324 / Country 30 USA

4. FEI Number: 65-0624255 ☐ 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

MUTNICK, JOEL S
~~9050 PINES BLVD #250~~ 3404 Bimini Ave
~~PEMBROKE PINES FL 33024~~ Cooper City, Fl 33026

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CRAMER, DAVID	1.2 NAME	
STREET ADDRESS	14 HARBOR CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CENTERPORT NY 11721	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	V/T/D ☐ Change ☒ Addition
NAME		2.2 NAME	HARRIET CRAMER
STREET ADDRESS		2.3 STREET ADDRESS	14 HARBOR Circle
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CENTERPORT, NY 11721
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: David Cramer DAVID CRAMER — 4/3/96 — 516-261-0468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)