FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

POCUMENT # **P95000096965 (5)** N.E. CRAMER PIANO TUNING & REPAIRING, INC.

Principal Place of Business Mailing Address 2419 FOSTER LANE 2419 FOSTER LANE SARASOTA FL 34239-6306 SARASOTA FL 34239 3. Date Incorporated or Qualified 3a. Date of Last Report 12/18/1995 04/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0628813 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRAMER, NORMAN E 2419 FOSTER LANE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34239 63 R4 City 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. Lam familiar with, and accept the obligations of, Section 607,0505. Florida Statutes. SIGNATURE Signature, typed or pented name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE CRAMER, NORMAN E NAME 1.2 NAME CRZE034 2419 FOSTER LANE STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP 1.4 CITY - ST-ZIP HENRIETTA DELETE Change Addition 2.1 TITLE TITLE CRAMER, HANRIOTTA-2.2 NAME NAME 2419 FOSTER LANE STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 34239 CHY-ST-ZIP 2 4 City-ST-ZIP ___ DELETÉ Change ■ Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS City-St-ZiP 3.4. CITY - \$T-ZIP DEL ETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- 2IP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST-ZIP City-St-Zir ☐ Addition THLE ___ DELETE 61 THILE Change NAME 62 NAME

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.

63 STREET ADDRESS 6 4 CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 03 1997 8:00am

Secretary of State