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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000096965 (5)

N.E. CRAMER PIANO TUNING & REPAIRING, INC.

Principal Place of Business Mailing Address 3300 26TH AVENUE EAST 3300 26TH AVENUE EAST #140 DO NOT WRITE IN THIS SPACE **BRADENTON FL 34208 BRADENTON FL 34208** 3. Date Incorporated or Qualified 12/18/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0628813 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CRAMER, NORMAN E 3300 26TH AVENUE EAST Street Address (P.O. Box Number is Not Acceptable) #140 83 **BRADENTON FL 34208** Zip Code City 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TELE CRAMER, NORMAN E 1.2 NALLE NAME 2419 FOSTER LANE STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34239 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE VPS Hearta 2.1 TITLE NAME 2.2 NAME 2419 FOSTER LANE STREET ADDRESS 2.3 STREET APORESS SARASOTA FL 34239 2.4 CITY-\$1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TLE 3.2 AME NAME REET ADDRESS STREET ADDRESS CITY-ST-ZIP TY-\$1-ZIP

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 suppliermental 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 allactment with an address.

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**6.3 STREET ADDRESS** 

Y-ST-ZIP

**SIGNATURE:** 

TITLE

NAME STREET ADDRESS

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Feb 13 1998 8:00am

Secretary of State

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