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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000049785 (4)

1. Corporation Name
CRAMER + PARTNER CONSULTING, INC.

Principal Place of Business
6238 PRESIDENTIAL COURT STE ONE
FORT MYERS FL 33919

Mailing Address
6238 PRESIDENTIAL COURT STE ONE
FORT MYERS FL 33919-3581



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/10/1996

3a. Date of Last Report

4. FEI Number

Applied For.

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

CRAMER, JENS-ULRICH
6238 PRESIDENTIAL COURT STE ONE
FORT MYERS FL 33919

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

TITLE D
NAME CRAMER, JENS-ULRICH
STREET ADDRESS 150 SW 52ND STREET
CITY-ST-ZIP CAPE CORAL FL 33914

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
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29.2 NAME
29.3 STREET ADDRESS
29.4 CITY-ST-ZIP

30.1 TITLE
30.2 NAME
30.3 STREET ADDRESS
30.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/97

(941) 549-6129

Date

Daytime Phone #

CR2E034 (9/96)