

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V52662** (6)

1. Corporation Name

F. SHANE KRAMER, INC.



Principal Place of Business

**2767 SW 54TH ST.
FT. LAUDERDALE FL 33312**

Mailing Address

**3725 HOLLYWOOD BLVD.
STE. 127
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified
07/23/1992

3a. Date of Last Report
05/24/1995

2. Principal Place of Business

21 **4800 HILLCREST LANE**

2a. Mailing Address

26 **4800 HILLCREST LA**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 414**

27 **SUITE 414**

City & State

City & State

23 **HOLLYWOOD FL**

28 **HOLLYWOOD FL**

Zip

Zip

24 **33021**

Country

Country

25 **BROWARD**

29 **33021**

30 **BROWARD**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAMER, SHANE

2767 SW 54TH ST.

FT. LAUDERDALE FL 33312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4800 HILLCREST LANE

83

SUITE 414

84

HOLLYWOOD

FL

85 Zip Code

33021

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 NAME **D** ☐ DELETE

11.2 NAME **KRAMER, F. SHANE**

11.3 STREET ADDRESS **2767 SW 54TH ST.**

11.4 CITY-STATE-ZIP **FT. LAUDERDALE FL**

11.5 TITLE ☐ DELETE

11.6 NAME ☐ DELETE

11.7 STREET ADDRESS ☐ DELETE

11.8 CITY-STATE-ZIP ☐ DELETE

11.9 TITLE ☐ DELETE

11.10 NAME ☐ DELETE

11.11 STREET ADDRESS ☐ DELETE

11.12 CITY-STATE-ZIP ☐ DELETE

11.13 TITLE ☐ DELETE

11.14 NAME ☐ DELETE

11.15 STREET ADDRESS ☐ DELETE

11.16 CITY-STATE-ZIP ☐ DELETE

11.17 TITLE ☐ DELETE

11.18 NAME ☐ DELETE

11.19 STREET ADDRESS ☐ DELETE

11.20 CITY-STATE-ZIP ☐ DELETE

11.21 TITLE ☐ DELETE

11.22 NAME ☐ DELETE

11.23 STREET ADDRESS ☐ DELETE

11.24 CITY-STATE-ZIP ☐ DELETE

13.1 1.1 TITLE ☐ Change ☐ Addition

13.2 1.2 NAME ☐ Change ☐ Addition

13.3 1.3 STREET ADDRESS ☐ Change ☐ Addition

13.4 1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

13.5 2.1 TITLE ☐ Change ☐ Addition

13.6 2.2 NAME ☐ Change ☐ Addition

13.7 2.3 STREET ADDRESS ☐ Change ☐ Addition

13.8 2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

13.9 3.1 TITLE ☐ Change ☐ Addition

13.10 3.2 NAME ☐ Change ☐ Addition

13.11 3.3 STREET ADDRESS ☐ Change ☐ Addition

13.12 3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

13.13 4.1 TITLE ☐ Change ☐ Addition

13.14 4.2 NAME ☐ Change ☐ Addition

13.15 4.3 STREET ADDRESS ☐ Change ☐ Addition

13.16 4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

13.17 5.1 TITLE ☐ Change ☐ Addition

13.18 5.2 NAME ☐ Change ☐ Addition

13.19 5.3 STREET ADDRESS ☐ Change ☐ Addition

13.20 5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

13.21 6.1 TITLE ☐ Change ☐ Addition

13.22 6.2 NAME ☐ Change ☐ Addition

13.23 6.3 STREET ADDRESS ☐ Change ☐ Addition

13.24 6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)