

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # N38037 (0)
 1. Corporation Name
RAM FOUNDATION, INC.



Principal Place of Business
**929 SHOTGUN ROAD
 SUNRISE FL 33326**

Mailing Address
**1900 SUMMIT TW BLVD
 STE 770
 ORLANDO FL 32810
 US**

3. Date Incorporated or Qualified **05/04/1990** 3a. Date of Last Report **06/28/1995**

2. Principal Place of Business 21 1900 Summit Tower Blvd Suite, Apt. #, etc. 22 Suite #770 City & State 23 Orlando, FL Zip 24 32810	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 32810 Country 30 US	4. FEI Number 65-0194739 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent MORGAN, CHARLES O., JR. 1300 N.W. 167TH STREET MIAMI FL 33169	10. Name and Address of New Registered Agent 81 Name Paul V. Kraus 82 Street Address (P.O. Box Number is Not Acceptable) 1900 Summit Tower Blvd., Suite 770 83 84 City Orlando 85 Zip Code FL 32810
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Paul V. Kraus* (NOTE: Registered Agent signature required when reinstating) DATE **7/29/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO Director <input type="checkbox"/> DELETE OFFERDAHL, JOHN 929 SHOTGUN ROAD SUNRISE FL 33326	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Address: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1900 Summit Tower Blvd. Suite #770 Orlando, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST Director <input type="checkbox"/> DELETE OFFERDAHL, LYNN 929 SHOTGUN ROAD SUNRISE FL 33326	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Address: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1900 Summit Tower Blvd. Suite #770 Orlando, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Director <input type="checkbox"/> DELETE OFFERDAHL, LYNN 929 SHOTGUN ROAD SUNRISE FL 33326	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Address: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1900 Summit Tower Blvd. Suite #770 Orlando, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> DELETE MORGAN, CHARLES O., JR. 929 SHOTGUN ROAD SUNRISE FL 33326	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Director <input type="checkbox"/> DELETE KRAUS, PAUL V. 1900 Summit Tower Blvd., Ste. 770 Orlando, FL 32810	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100001910301 -08/01/96--01015--050 ***61.25

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

SIGNATURE: *Paul V. Kraus* **6/21/96** 707-660-9429
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
 (581) 196 603450

CR2E037 (3/96)