

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

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90119 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000080441

1. Corporation Name
RAMP PROPERTIES, INC.

Principal Place of Business: 1907 EAST SEVENTH AVENUE TAMPA FL 33605
 Mailing Address: 1907 EAST SEVENTH AVENUE TAMPA FL 33605



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1998

4. FEI Number: 59-3538342 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 owes the current year intangible Personal Property Tax: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: BARNETT, LESLIE J ESQ. 601 BAYSHORE BLVD. SUITE 700 TAMPA FL 33606

10. Name and Address of New Registered Agent (81-84) Name, Street Address, City, State (FL), Zip Code (85)

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|------------------------------|--|--|
| TITLE: D <input type="checkbox"/> DELETE | NAME: PORGES, RONALD A | 1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: 1907 EAST SEVENTH AVENUE | CITY-ST-ZIP: TAMPA FL 33605 | 1.2 NAME: | |
| | | 1.3 STREET ADDRESS: | |
| | | 1.4 CITY-ST-ZIP: | |
| TITLE: D <input type="checkbox"/> DELETE | NAME: HOFFMAN-PORGES, MARCIE | 2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: 1907 EAST SEVENTH AVENUE | CITY-ST-ZIP: TAMPA FL 33605 | 2.2 NAME: | |
| | | 2.3 STREET ADDRESS: | |
| | | 2.4 CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> DELETE | NAME: | 3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: | | 3.2 NAME: | |
| CITY-ST-ZIP: | | 3.3 STREET ADDRESS: | |
| | | 3.4 CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> DELETE | NAME: | 4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: | | 4.2 NAME: | |
| CITY-ST-ZIP: | | 4.3 STREET ADDRESS: | |
| | | 4.4 CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> DELETE | NAME: | 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: | | 5.2 NAME: | |
| CITY-ST-ZIP: | | 5.3 STREET ADDRESS: | |
| | | 5.4 CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> DELETE | NAME: | 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: | | 6.2 NAME: | |
| CITY-ST-ZIP: | | 6.3 STREET ADDRESS: | |
| | | 6.4 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 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, with all other like empowered.

SIGNATURE: Ronald Porges DATE: 3-10-99 DAYTIME PHONE #: 813-248-9849

CR2E034 (11/98)