FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 14 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L28530 (8)

1. Corporation Name
THE RAM AGENCIES, INC.

400001515734
-06/16/95--01083--013
****225.00 ****225.00

Principal Place of Business	Mailing Address
6400 N ANDREWS AVE SUITE 200. PARK PLAZA FORT LAUDERDALE FL 33308 US	6400 N. ANDREWS AVE SUITE 200 PARK PLAZA FT. LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc — 22
Suite, Apt. #, etc — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0156724 — 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

HAYES, BRENDALYN R.
6116 TARA ROSA CIR.
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name: Richard C. Booth
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1562 Proctor Street
84 City: Tallahassee FL 85 Zip Code: 32303

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: _____ 6/12/95
Signature, typed or printed name of agent and title if applicable — (NOTE: Registered Agent signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	MULLER, RALPH P.	1.2 NAME	
STREET ADDRESS	5929 NORTH OCEAN BLVD	1.3 STREET ADDRESS	6400 N. andrews ave. #200
CITY · ST · ZIP	OCEAN RIDGE FL	1.4 CITY · ST · ZIP	Ft. Lauderdale, FL 33309
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	MULLER, ALICE	2.2 NAME	
STREET ADDRESS	5929 NORTH OCEAN BLVD	2.3 STREET ADDRESS	6400 N. andrews ave #200
CITY · ST · ZIP	OCEAN RIDGE FL	2.4 CITY · ST · ZIP	Ft. Lauderdale, FL 33309
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY · ST · ZIP		3.4 CITY · ST · ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY · ST · ZIP		4.4 CITY · ST · ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY · ST · ZIP		5.4 CITY · ST · ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY · ST · ZIP		6.4 CITY · ST · ZIP	

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 in Block 12 or on an attachment with an address.

SIGNATURE: _____ 6/8/95 305-351-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0216434 CP