

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

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Barbara B. Northam
Secretary of State
TALLAHASSEE, FLORIDA



**APPROVED
AND
FILED**

95 MAY -1 AM 8:12

DOCUMENT # 427124 (3)

1. Corporation Name
RAM OPTICAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **4399 35 ST N
P O BOX 84000
ST PETERSBURG FL 33784**

Mailing Address: **4399 35 ST N
P O BOX 84000
ST PETERSBURG FL 33784**

DO NOT WRITE IN THIS SPACE.

2. Previous Place of Business: **21**

2a. Mailing Address: **26**

22. State Apt # etc: **27**

23. City & State: **28**

24. City: **25** State: **29** County: **30**

3. Date Incorporated or Qualified: **06/01/1973**

3a. Date of Last Report: **05/20/1994**

4. FEI Number: **59-2264474**

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 § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**PAYNE, JOHN W
4399 35TH STREET NORTH.
ST. PETERSBURG FL 33714**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P O Box Number is Not Acceptable)

B3

B4 City **FL** B5 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT STANKIEWICZ, CY 3804 46TH AVE S. ST PETERSBURG, FL 0	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V STEVENS, ROBERT E 9180 60 ST N PINELLAS PARK FL	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PD PAYNE, J. SCOTT 14 BELLEVUE DR TREASURE ISLAND FL	13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	D DUFFY, CHARLES J 13380 86TH AVE N SEMINOLE, FL 0	14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD MOTTA, JOSEPH 14 BELLEVUE DR TREASURE ISLAND FL	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PAYNE, JOHN W 68 DOLPHIN DRIVE TREASURE ISLAND, FL 0	16 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		17 STREET ADDRESS	
CITY, ST, ZIP		18 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(5)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and as certified and that my corporation shall have the same legal effect as if made under oath. I am an officer or director of the corporation at the time of the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing as an attachment with an address.

SIGNATURE: _____

SIGNATURE VERIFIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **STANKIEWICZ**