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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

Ζıp

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 617877

(6)

RAMADA PROPERTIES, INC.

Principal Place of Business Mailing Address 1619 E. VINE ST. KISSIMMEE FL 34744

Country

9. Name and Address of Current Registered Agent

25

1619 E. VINE ST. KISSIMMEE FL 34744

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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## **FILED** May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

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Yes Yes

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

04/18/1979

59-1898769

6. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

FEI Number

				HHEARN JAMES 1. JC					
				Address (P.O. Bo			^ \=	\$ <b>*</b>	
KR	SSIMMEE FL 34744		83	030 5	141	LANTIC	AUE	102	
			63						
			84 City	3. 0			65 Zip	Code	
44 Durawant	to the possible of Continue COZ OF CO and CO	7.4500 51		~u'u = u	xxx	1844	FL 32	<u> 93)</u>	
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.	Signature, typed or printed name of registered agent and title OF FICERS AND DIREC	Registered Agent eignature required when reinstating)  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	P OFFICERS AND DIREC	DELETE	1.1 TITLE	T	IONS/CHANG	ES TO OFFICE	Change	Addition	
NAME	AHEARN, JAMES T. JR	vecere	1.2 NAME	•			Change	L Addition	
STREET ADDRESS	3030 S ATLANTIC AVE., #102		1.3 STREET ADDRESS					İ	
CITY-ST-ZIP	COCOA BEACH FL							İ	
TITLE	VST	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	<del> </del>			Change	Addition	
NAME	AHEARN, ALICIA C		2.2 NAME				C) Originals		
STREET ADDRESS	3030 S ATLANTIC AVE., #102		2.3 STREET ADDRESS					ĺ	
CITY-ST-ZIP	COCOA BEACH FL		2.4 CITY-ST-ZIP	]					
TITLE	OGGON BENEFITE	DELETE	31 TITLE				Change	Addition	
NAME			3 2 NAME				E Change	רבין	
STREET ADDRESS			3 3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME				<u> </u>	_	
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE				☐ Change	Addition	
NAME			5.2 NAME					ì	
STREET ADDRESS			5.3 STREET ADDRESS	Ì					
CITY-ST-ZIP			54 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS					ļ	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<u> </u>					
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.									

Country

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