

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F03628** (7)

1. Corporation Name
RAMCOR, INC.



Principal Place of Business Mailing Address
951 4609 W INDIES DRIVE **951 4609 W INDIES DRIVE**
PO BOX 151 **PO BOX 151**
SUMMERLAND KEY FL 33042 **SUMMERLAND KEY FL 33042**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1980		3a. Date of Last Report 03/14/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2217173		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PONTIN, CHRISTINE W. 951 1600 WEST INDIES DRIVE RAMROD KEY FL				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL 85. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	1.2 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP	CITY - ST - ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	2.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP	CITY - ST - ZIP	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.2 NAME	
STREET ADDRESS	STREET ADDRESS	3.3 STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	3.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	4.2 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP	CITY - ST - ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	5.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP	CITY - ST - ZIP	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	6.2 NAME	
STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS	
CITY - ST - ZIP	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 if changed, or on an attachment with an address.

SIGNATURE: H. T. Pontin Jan 22, 1996 305 872-2246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)