


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

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Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 951 W. INDIES DR. PO BOX 151 SUMMERLAND KEY FL 33042 US			Mailing Address 951 W. INDIES DR. PO BOX 151 SUMMERLAND KEY FL 33042 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1980	
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	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PONTIN, CHRISTINE W. 951 WEST INDIES DRIVE RAMROD KEY FL				10. Name and Address of New Registered Agent	
				81	Name SAME
				82	Street Address (P.O. Box Number is Not Acceptable) 951 SAME
				83	
				84	City SAME
				85	Zip Code 33042
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	PONTIN, HERBERT T.	951 E. INDIES DR.	RAMROD KEY FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	PONTIN, CHRISTINE W.	951 W. INDIES DR.	RAMROD KEY FL	1.2 NAME	
	PONTIN, DALE H.	951 W. INDIES DR.	RAMROD KEY FL	1.3 STREET ADDRESS	
	PONTIN, LANCE K.	951 W. INDIES DR.	RAMROD KEY FL	1.4 CITY-ST-ZIP	
				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.2 NAME	
				2.3 STREET ADDRESS	
				2.4 CITY-ST-ZIP	
				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.2 NAME	
				3.3 STREET ADDRESS	
				3.4 CITY-ST-ZIP	
				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.2 NAME	
				4.3 STREET ADDRESS	
				4.4 CITY-ST-ZIP	
				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	
				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.2 NAME	
				6.3 STREET ADDRESS	
				6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

SIGNATURE:

Christine W. Pontin

1/4/98

305-872-2246

CR2E034 (10/97)