

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

0173657

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F03628

1. Corporation Name  
RAMCOR, INC.

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90136 013 \*\*\*150.00



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  
21  
Suite, Apt #, etc  
22  
City & State  
23  
Zip  
24  
Country  
25  
26  
27  
28  
29  
30

2a. Mailing Address  
26  
Suite, Apt #, etc  
27  
City & State  
28  
Zip  
29  
Country  
30

3. Date Incorporated or Qualified  
10/29/1980

4. FEI Number 59-2217173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent

PONTIN, CHRISTINE W.  
951 WEST INDIES DR.  
RAMROD KEY FL 33042

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PONTIN, HERBERT T. 951 E. INDIES DR. RAMROD KEY FL	<input type="checkbox"/> DELETE 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONTIN, CHRISTINE W. 951 W. INDIES DR. RAMROD KEY FL	<input type="checkbox"/> DELETE 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONTIN, DALE H. 951 W. INDIES DR. RAMROD KEY FL	<input type="checkbox"/> DELETE 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONTIN, LANCE K. 951 W. INDIES DR. RAMROD KEY FL	<input type="checkbox"/> DELETE 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 my address, with all other like empowered.

SIGNATURE: *Christine W. Pontin* CHRISTINE W. PONTIN 3/15/99 305-872-2246  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)