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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 06 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporatio	RAMARK OF FLORIDA, INC.	1002502 (3)			
Principal Plac	e of Business	Mailing Address		T EDDINDO ANNO NOIDO PINEK ARREI DAKTE ADIEK ARREIT I	INITO 11001 QUIN NAVIO 1104 HARE
6030-H UNITY DRIVE		800 AIRPORT RD			
NORCROSS (GA 300 71	STE 104	_	DO NOT WRITE IN TH	ID DDACE
		LAWRENCEVILLE GA 3024 US	5	3. Date Incorporated or Qualified	IS SPACE
		•		05/27/1993	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 291	_ \			59-2846540	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22		27	_	5. Certificate of Status Desired	Fee Required
City & State	e -	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Tamp		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24 33 61	Name and Address of Current		30	Personal Property Tax due June 30.	Yes No
		Hegistered Agent	81 Name	10. Name and Address of New Registere	a Agent
	LHOUN, GARY T		l Iname		
2910 WEST WATERS AVE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
IA	MPA FL 33614		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Stalute:	the above-named corp	poration submits this statement for the purpose	
office or r	egistered agent, or both, in the State c	of Florida. Such change was au	Ilhorized by the corporati	ion's board of directors. I hereby accept the a	ppointment as registered
	m tamiliar with, and accept the obligat	ions un section 607, usos, Pior	T. Statutes.	+- 2/21.1	0-9
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable. (NO	Registered Agent signature require	od when reinstating) DATE	10
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PCD	DELETE	1,1 TITLE	, ,	Change Addition
NAME	SCHEIDT, RAY D		1.2 NAME		
STREET ADDRESS	800 AIRPORT RD STE 104		1.3 STREET ADDRESS		
CITY-ST-ZIP	L'AWRENCEVILLE GA		1.4 CITY-ST-ZIP		
TITLE	SD .	☐ DELETE	2 1 1IILE		Change Addition
NAME	SCHEIDT, RITA T		22 NAME		
STREET ADDRESS	800 AIRPORT RD STE 104		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEVILLE GA	Lister	2 4 CITY-ST-ZIP		
TITLE	D CALLOUNI CARY T	DELETE	3 1 TITLE		Change Addition
NAME	CALHOUN, GARY T		3.2 NAME		
STREET ADDRESS	2910 WEST WATERS AVE TAMPA FL		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TAMPA PL	DELETE	3.4. CHY-ST-ZIP 4.1 TITLE		Change Addition
NAME		C DICCIL	4.1 TITLE 4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME I		_	5.2 NAME		_ , _
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		
	settly that the information avention with	this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further	certify that the information
14. Thereby c	on this annual report or a market and	appual rapart is true and accord	tota and that my signst	to shall have the same least -#* " "	under noth that I
indicated officer or	on this annual report or supplemental	annual report is true and accu- ver or trustee empowered to ex	rate and that my signatur	re shall have the same legal effect as if made pired by Chapter 607, Florida Statutes; and that	under oath; that I am an