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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001688 (0)

AMERICAN RAM INC.

Principal Place of Business

である。 これのは、ないないのでは、これのでは

Mailing Address

FILED Mar 13 1997 8:00am Secretary of State



223 SOUTH D BEVERLY HILL		223 SOUTH DAVIS ST. BEVERLY HILLS FL 344						
					3. Date Incorporated or Qualified 04/04/1994	3a. Date of Last 02/27/1996	ale of Last Report	
2. Principal P	Place of Business	2a. Mailing Address	·····		4. FEI Number		Applied For	
$\overline{\mathbf{n}}$		26			59-3189234		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	е .	City & State			Election Campaign Financing Trust Fund Contribution		May Be	
Zip 24	Country 25	Zip 29	Counti	ry	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \(\) No			
	9. Name and Address of Curi	rent Registered Agent			10. Name and Address of New Re	gistered Agent		
	LETT, MICHAEL J		8	1 Name				
	SOUTH DAVIS ST. ÆRLY HILLS FL 34485				idress (P.O. Box Number is Not Acceptable)			
			8:	3				
			8	4 City		FL 85 Zip	Code	
11. Pursuant office or regions. I se	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the ob-	0502 and 607,1508, Florida Sta ale of Florida. Such change wa digations of, Section 607,0605	tutes, the abores authorized to Florida Statute	ve-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing at the appointment a	its registered s registered	
SIGNATURE	Signature, typed or printed name of registered				uited whore reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12	
TITLE	CP	☐ DELETE	1.1 TH LE			☐ Change	Addition Addition	
NAME	HALLETT, MICHAEL J		1 2 NAME		·			
STREET ADDRESS	223 SOUTH DAVIS ST. BEVERLY HILLS FL 34465			1 ADDRESS				
CATY-ST-ZIP	DETENLI NILLO FL 34403	DELETE	1.4 Crity- 2.1 Title	ST-ZIP		Change	Addition	
TITLE NAME		☐ DETELE	27 HILL 22 NAME		:	Change	LE MOURION	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			2 4 CITY					
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	1 ADDRESS				
CITY-ST-ZIP			3.4. CHY		·			
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME express approces			4. 2 NAM					
STREET ADDRESS CITY-ST-ZIP			4.3 STREE	ET ADDRESS				
TITLE		DELETE	51 TITLE	01.411		Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE		DELETE	61 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	I ADDRESS				
CITY-ST-ZIP	1		6.4 CHY-	S1-ZIP				

do 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.