FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:46

DOCUMENT # **F94000002656 (6)**

1. Corporation Name
RAM INC. OF MILWAUKEE

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
UNISHIPPERS ASSOCIATION P.O. BOX 2573 MELBOURNE FL 32902-2573	UNISHIPPERS ASSOCIATION P.O. BOX 2573 MELBOURNE FL 32902-2573

3. Date Incorporated or Qualified: 05/23/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 1900 S HARBOR CITY BLVD
Suite, Apt. #, etc. 22: 223
City & State 23: MELBOURNE FL
Zip 24: 32901 Country 25: US

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

4. FEI Number: 39-1731617 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

KASNEY, ARTHUR B
581 VERBENIA CT.
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mail-back)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☑ Change ☐ Addition
NAME	NEWMAN, RON	12 NAME	NEWMAN RON	
STREET ADDRESS	3620 PRINCESS PL.	13 STREET ADDRESS	949 HAAS AVE NE	
CITY-ST-ZIP	RACINE WI 53406	14 CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	KASNEY, ARTIE	22 NAME		
STREET ADDRESS	581 VERBENIA CT.	23 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL 32937	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE	ST	☑ Change ☐ Addition
NAME	GREENBERG, MITCH	32 NAME	GREENBERG MITCH	
STREET ADDRESS	315 W RAINBOW RIDGE #813	33 STREET ADDRESS	221 LOGGERHEAD DR	
CITY-ST-ZIP	OAK CREEK WI 53154	34 CITY-ST-ZIP	MELBOURNE BEACH 32951	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Ron Newman RON NEWMAN 2/8/95 (407) 726-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone Number

0410767 FP