

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002656 (6)

1. Corporation Name

RAM INC. OF MILWAUKEE



Principal Place of Business

Mailing Address

1900 S HARBOR CITY BLVD
SUITE 223
MELBOURNE FL 32901
US

UNISIPPERS ASSOCIATION
P.O. BOX 2573
MELBOURNE FL 32902-2573

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

02/13/1995

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 or intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 990 E MELBOURNE AVE

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 MELBOURNE FL

City & State

28 MELBOURNE FL

Zip

24 32901

Country

25 USA

Zip

29 32902

Country

30 USA

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

RON NEWMAN

82 Street Address (P.O. Box Number is Not Acceptable)

83

949 HAAS AVE NE.

84 City

PALM BAY

FL

85

32907

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

RON NEWMAN PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME NEWMAN, RON
STREET ADDRESS 949 HAAS AVE NE
CITY-ST-ZIP PALM BAY FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME KASNEY, ARTIE
STREET ADDRESS 581 VERBENIA CT.
CITY-ST-ZIP SATELLITE BEACH FL 32937

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ST ☐ DELETE

NAME GREENBERT, MITCH
STREET ADDRESS 221 LONGGERHEAD DR
CITY-ST-ZIP MELBOURNE BEACH FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

Date

(407) 726-0099

Daytime Phone #

CR2E034 (12/95)