


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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000006882 (2)					
1. Corporation Name PIONEER - RAM, INCORPORATED					
Principal Place of Business 5000 E. 29TH ST., NORTH WICHITA KS 67220			Mailing Address 5000 E. 29TH ST., NORTH WICHITA KS 67220-2111		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1996		3a. Date of Last Report	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number 48-1192385		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
25		30		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	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SRINIVASAN, GRANDAI			1.2 NAME			
STREET ADDRESS	4490-B SW 34TH STREET			1.3 STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL			1.4 CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VLAMIS, BETTY			2.2 NAME			
STREET ADDRESS	5000 E 29TH ST. NORTH			2.3 STREET ADDRESS			
CITY - ST - ZIP	WICHITA KS			2.4 CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DILLARD, JOE			3.2 NAME			
STREET ADDRESS	5000 E 29TH ST. NORTH			3.3 STREET ADDRESS			
CITY - ST - ZIP	WICHITA KS			3.4 CITY - ST - ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VLAMIS, TED A			4.2 NAME			
STREET ADDRESS	5000 E 29TH ST. NORTH			4.3 STREET ADDRESS			
CITY - ST - ZIP	WICHITA KS			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I 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.

SIGNATURE:

SIGNATURE REQUIRED

Joe K. Dillard

4/16/97

685-2266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 6011472

CR2E034 (9/96)