

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000006882**

1. Corporation Name

PIONEER - RAM, INCORPORATED

Principal Place of Business

**4490-B SW 34 ST
ORLANDO FL 32811
US**

Mailing Address

**5000 E. 29TH ST., NORTH
WICHITA KS 67220**

2. Principal Place of Business

2a. Mailing Address

21 4600 S.W. 34th St.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Orlando, FL

29 City & State

24 Zip

Country

25 Zip

Country

32811

25 Orange

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/31/1996

4. FEI Number

48-1192385

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 ☐ DELETE

**P
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 19TH ST NO
CITY-ST-ZIP
WICHITA KS 67220**

1.1 TITLE ☐ Change ☐ Addition

☐ DELETE

**SD
NAME
VLAMIS, BETTY
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

1.2 NAME ☐ Change ☐ Addition

☐ DELETE

**TD
NAME
DILLARD, JOE
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

1.3 STREET ADDRESS ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

2.1 TITLE ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

2.2 NAME ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

2.3 STREET ADDRESS ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

3.1 TITLE ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

3.2 NAME ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

3.3 STREET ADDRESS ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

4.1 TITLE ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

4.2 NAME ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

4.3 STREET ADDRESS ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

5.1 TITLE ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

5.2 NAME ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

5.3 STREET ADDRESS ☐ Change ☐ Addition

☐ DELETE

**CD
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VLAMIS, TED A
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☐ DELETE

**CD
NAME
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STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

6.1 TITLE ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

6.2 NAME ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
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6.3 STREET ADDRESS ☐ Change ☐ Addition

☐ DELETE

**CD
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STREET ADDRESS
5000 E 29TH ST. NORTH
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WICHITA KS**

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

☐ DELETE

**CD
NAME
VLAMIS, TED A
STREET ADDRESS
5000 E 29TH ST. NORTH
CITY-ST-ZIP
WICHITA KS**

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Joe K. Dillard, Treasurer 4/12/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(316) 688-8636

CR2E034 (11/98)