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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J08397

(8)

RAM MARINE SERVICE, INC.

Principal Place of Business

% NEVIN A. WEINER
46 N. WASHINGTON BLVD., #1

Mailing Address

% NEVIN A. WEINER 48 N. WASHINGTON BLVD., #1 SARASOTA FL 34236-5977

FILED May 14 1997 8:00am Secretary of State



ONLINGOTH TE WILLSO							04/08/1986 05/14/					of Last Report			
Descinal Face of Business			2s. Mailing Address					4.	FEI Number		······································	\neg	App	olied For	
								1	E0-2650690				Not	Applicable	
Suite, Apt #, etc.			Suite, Apt. #, etc.					5.	Certificate of Sta	tus Desired		S8.75 Additional Fee Required			
City & State			City & State				Election Campaign Financing Trust Fund Contribution					\$5.00 May Be Added to Fees			
Z(j)	Counti	у	Zip 29		Countr	y			This corporation	,	or intangible	tax ur			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registe									
WEINER, NEVIN A. 46 N. WASHINGTON BLVD. SUITE 1 SARASOTA FL 33577					82	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83									
					84		ity		,		FL	85	Zip C	ode	
agent. Fai SIGNATURE	to the provisions of Sec egistered agent, or bot in: familiar with, and acc Signative typed or profited name	e of registered species	nd tile if applicable	.0505, 1101	Registered A	35.		ed when			DATE				
12.		FFICERS AND D		C. CTC	13.				ADDITIONS/CHAI	NGES TO OF	FICENS AND	CI		Addition	
NAME STREET ACORESS CITY-ST-21P	PTD Markuson, Robi 395 E. Laurel RC Laurel Fl		L. 4	DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY	T ADD						.	rst (Ac	L.J AUGROOT	
TITLE NAME STREET ADDRESS	VS MARKUSON, NAN 395 E. LAUREL RO			DELETE	2.1 TITLE 2.2 NAME 2.3 STREE							C	hange	Addition	
CITY: ST-ZIF TISLE NAME	LAUREL FL			DELETE	2 4 CITY 3 1 TITLE 3.2 NAME			,		······································		C	hange	Addition	
STREET ADDRESS CITY - ST - ZIP TITLE				DELETE	3.3 STREE 3.4. CITY 4.1 TITLE	- ST- 7					· ·	□ c	hange	Addition	
NAME STREET ADDRESS CHY+S1+ZIP					4. 2 NAM 4.3 STRE 4.4 CITY	ET ADI	1			•					
O111 (1) ' I (1)					5.1 TITLE							777	hange	Addition	
MAME			[] [DELETE	5.2 NAMI	Ē	npres					ں ہے	Ť		
				DELETE		ET ADI - ST- Z							hange	Addition	

If 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:

SATURE AND TANDOR BEINDED WANT OF SKOMMO SCHOOL BY SEE ON

(941) 485-7422 5/1/97 941-485-7422