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

APPROVED AND FILED

95 JUN 14 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/16/95--01083--013
****225.00 ****225.00

DOCUMENT # **L28530** **(8)**

1. Corporation Name

THE RAM AGENCIES, INC.

Principal Place of Business	Mailing Address
6400 N ANDREWS AVE SUITE 200. PARK PLAZA FORT LAUDERDALE FL 33309 US	6400 N. ANDREWS AVE SUITE 200 PARK PLAZA FT. LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0156724 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAYES, BRENDALYN R.
6116 TARA ROSA CIR.
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name: Richard C. Booth
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1562 Proctor Street
84 City: Tallahassee FL 85 Zip Code: 32303

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: _____ 6/14/95
Signature, typed or printed name of 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	PD	11 TITLE	☒ Change ☐ Addition
NAME	MULLER, RALPH P.	12 NAME	
STREET ADDRESS	5929 NORTH OCEAN BLVD	13 STREET ADDRESS	6400 N. andrews ave. #200
CITY-ST-ZIP	OCEAN RIDGE FL	14 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	MULLER, ALICE	22 NAME	
STREET ADDRESS	5929 NORTH OCEAN BLVD	23 STREET ADDRESS	6400 N. andrews ave #200
CITY-ST-ZIP	OCEAN RIDGE FL	24 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
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: _____ 6/8/95 305-351-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0216434 CP