
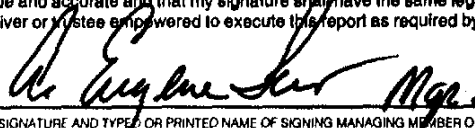


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L95000000457 RAMTECH PRODUCTS, I.C. 216 WEST COLLEGE AVENUE SUITE 202 TALLAHASSEE FL 32301		1a. Principal Place of Business Address 216 WEST COLLEGE AVENUE SUITE 202 TALLAHASSEE FL 32301	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified		3a. State of Formation	
06/16/1995		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
59-3338300			
5. Date of Last Report		6. Certificate of Status Desired	
08/09/1996		SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent LEWIS & WHITE, L.C. 216 WEST COLLEGE AVENUE SUITE 202 TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 600002162546--8 05/01/97 01108-025 ***1018.75 ***203.75 FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	WHITE, MARLOW V	216 WEST COLLEGE AVENUE	TALLAHASSEE FL
MGR	LEWIS, A. EUGENE	216 WEST COLLEGE AVENUE	TALLAHASSEE FL
MGR	BAKER, JOHN L	201 8TH STREET SOUTH, SUIT	NAPLES FL
MEM	Baker Family Trust	5845 22nd Ave., S.W.	Naples, FL 34116
MEM	Lewis Family Trust	2206 Mahan Drive	Tallahassee, FL 32308
MEM	White Family Trust	429 E. 6th Avenue	Tallahassee, FL 32303
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		4/28/97 904-420-5000	
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #