Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90275 038 \*\*\*150.00

## 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 # M54988

1. Corporation Name

C. RAM, CORPORATION

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Principal Place	e of Business	Mailin	g Address					U   U   U 8   3	(814 818)1 81811 8	iliiti atan raan
11581 GORHAM			GORHAM DR							
COOPER CITY FL 33026 COOPER CITY FL 33026							DO NOT WRITE IN THIS SPACE			
								IE IN THIS	SPACE	
							3. Date Incorporated or Qualifed			1
		0- 11	-11t A -1-4				07/06/1987			-ti-d F
	lace of Business	—	ailing Address				4. FEI Number 59-2822176			plied For
21	41 -4-	26	ite, Apt. #, etc.				39-2022170		\$8.75 A	t Applicable
Suite, Apt.	#, etc.		ille, Api. #, etc.				5. Certifcate of Status Desired		Fee Re	
22 City & State		27 Ci	ty & State				6. Election Campaign Financing		\$5.00	<del></del>
23		28	.,				Trust Fund Contribution		Added t	
Zip	Country	Zir	p	Cou	ntry		This corporation owes the curr	ent vear Int	angible	
24	25	29		30	•		Personal Property Tax.	,		ØNo
;	9. Name and Address of Curr	<del> </del>	ed Agent				10. Name and Address of New F	Registered A	Agent	
		-			81 N	ame				
	IOS, CRISTOBAL				<b>82</b> S	troot Addre	ess (P.O. Box Number is Not Accepta	able)		_ <del>-</del>
	31 GORHAM DRIVE		l'			arcot Addit	(i .C. Dox Humbor is Hot recopia	,		
C00	PER CITY FL 33026-0763				83			-		
	· ·				84 C	ity			85 Zip (	Code
			•		<b>04</b>	щу		FL	.   63   2.5 (	3000
11. Pursuant	to the provisions of Sections 607.0	502 and 607.	1508, Florida Statut	es, the at	ove-na	med corpo	oration submits this statement for the	purpose of	changing its	registered
office or re agent, I as	egistered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida. : igations of, Se	Such change was a ection 607.0505, Flo	iutnorized irida Statu	oy ine ites	corporation	n's board of directors. I hereby accep	or me abbon	milein as rej	gistered
SIGNATURE		_								į
0.0.0.										
	Signature, typed or printed name of registered a		<b>,</b>		Agent sig	nature required	when reinstating)	DATE	D DIDEATA	
12.	OFFICERS A	agent and title if app AND DIRECT	ORS	13.		nature required	when reinstating) ADDITIONS/CHANGES TO OF			
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CITY-ST-ZIP 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 suppliemental 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 of 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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS