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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001675 (5)  
1. Corporation Name  
RENTER'S ASSOCIATION MOBEL AMERICANA (RAMA) INC.



Principal Place of Business Mailing Address  
C/O BEVERLY KENNEDY 6724 AMERICANA DR. NE ST. PETERSBURG FL 33702  
C/O BEVERLY KENNEDY 6724 AMERICANA DR. NE ST. PETERSBURG FL 33702-6917

3. Date Incorporated or Qualified 03/22/1996  
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 121 Mt. Isle Avenue, Suite #, etc. 26 121 Mt. Isle Ave, N.E., Suite #, etc.  
22 City & State 27 City & State  
23 St. Petersburg, FL 28 St. Petersburg, FLORIDA  
24 33702 25 PINELLAS 29 33702 30 PINELLAS

4. FEI Number Applied For Not Applicable  
6. 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
KENNEDY, BEVERLY  
6724 AMERICANA DR. NE  
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent  
81 Name TED WARNER  
82 Street Address (P.O. Box Number is Not Acceptable) 121 Mt. Isle Avenue N.E.  
83  
84 City St. Petersburg FL 85 Zip Code 33702

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Ted Warner* TED WARNER, PRESIDENT 2-10-97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	MEL ROBBERT STAD	
STREET ADDRESS	7284 Mt. FAIRFIELD RD.	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> DELETE
NAME	VLASTA PEKARCK	
STREET ADDRESS	642 Mt. KEY	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	DON BIEVENOUR	
STREET ADDRESS	136 AMERICANA CT	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	TREASURER/SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	BEVERLY KENNEDY	
STREET ADDRESS	6724 AMERICANA DR NE	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT PIC D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TED WARNER	
1.3 STREET ADDRESS	121 Mt. ISLE AVE NE	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
2.1 TITLE	V-1st VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLEVELAND BALLENTINE	
2.3 STREET ADDRESS	100 Mt. CURVE AVE NE D	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
3.1 TITLE	V-2nd VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBERT SEAMAN	
3.3 STREET ADDRESS	687 Mt. KEY D	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
4.1 TITLE	S-SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ANN ADLER	
4.3 STREET ADDRESS	6714 Mt. PLEASANT RD	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
5.1 TITLE	T-TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JUDITH SEAMAN	
5.3 STREET ADDRESS	687 Mt. KEY	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ted Warner* TED WARNER, 2-10-97 688 528 6691  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048940

CFR2E037 (9/96)