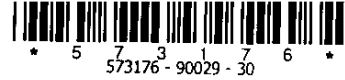


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90035 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000003706					
1. Corporation Name RAMATA, INC.					
Principal Place of Business POST OFFICE DRAWER 60205 FORT MYERS FL 33906			Mailing Address C/O WEINMAN, STEVE PO BOX 783 IMMOKALEE FL 34143 US		



2. Principal Place of Business 21 <u>1235 SE 24 Ave</u> Suite, Apt. #, etc.		2a. Mailing Address 26 <u>1235 SE 24 Ave</u> Suite, Apt. #, etc.		3. Date incorporated or Qualified 07/15/1996	
22 City & State <u>CAPE CORAL FL</u>		27 City & State <u>CAPE CORAL FL</u>		4. FEI Number 65-0692115	
23 Zip <u>33996</u>		28 Zip <u>33996</u>		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country <u>US</u>		29 Country <u>US</u>		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
7. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD. #101 FORT MYERS FL 33908					
8. Name and Address of New Registered Agent 81 Name <u>STEVEN D WEINMAN</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>1235 SE 24 Ave</u> 83 City <u>CAPE CORAL</u> FL 84 Zip Code <u>33990</u>					
11. Pursuant to the provisions of Sections 617.0502 and 617.7508, 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

Signature, typed or printed name of registered agent and 1994 application

(NOTE: Registered Agent signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKIN, RICHARD C/O 12670 NEW BRITTANY BLVD. #101 FORT MYERS FL 33908	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	1235 SE 24 Ave CAPE CORAL FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINMAN, STEVE C/O 12670 NEW BRITTANY BLVD. #101 FORT MYERS FL 33908	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	1235 SE 24 Ave CAPE CORAL FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD. #101 FORT MYERS FL 33908	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D AKIN, SHARON CO 1235 SE 24 Ave CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKIN, SHARON CO 1235 SE 24 Ave CAPE CORAL, FL 33990	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKIN, SHARON CO 1235 SE 24 Ave CAPE CORAL, FL 33990	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKIN, SHARON CO 1235 SE 24 Ave CAPE CORAL, FL 33990	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	CAPE CORAL, FL 33990

14. I hereby certify that the information supplied with this filing does not qualify for the exception 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)