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PROFIT CORPORATION ANNUAL REPORT

1997

TOLE

NAME

STREET ADORESS



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

☐ Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200006528 (3)

THE RAM REALTY GROUP, INC.

Principal Place of Business Mailing Address P.O. BOX 811833 170 NW SPANISH RIVER BLVD. SUITE 6 SUITE 6 BOCA RATON FL 33481-1833 **BOCA RATON FL 33431** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/23/1992 04/22/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 5352 65-0371543 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be DELIPAY Trust Fund Contribution Added to Fees Country Zip This corporation has liability for intangible tax under s. 199.032, ☐ Yes 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FORMAN, KENNETH E 6503 N. MILITARY TRAIL, APT. 605 82 **BOCA RATON FL 33496** 84 11. Pursuant to the provisions of S Systems 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered form, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. office or registered agent, or d or printed name of registered agent and little if applicable (NOTE: Registered Applicable) SIGNATUI ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TITLE FORMAN KENNETH SUSU VENTURA, D FORMAN, KENNETH E 1.2 NAME NAME 6503 N. MILITARY TRAIL, #605 1.3 STREET ADDRESS STREET ADORESS 484 **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP DITY - ST - ZIP TOLE ■ DELETE 3.1 TITLE ☐ Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE THLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-20F DELETE Change Addition TITLE 5.1 TiTLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS C(11Y - \$1 - Z(F 5.4 CITY - ST - ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF DAT

6.1 TITLE

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 on 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 if changing on an attachment with an address.

DELETE