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PROFIT
CORPORATION
ANNUAL REPORT

1997

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

		MENT # P940 RAMA, INC.	000068480 Mailing Add										
16	20 MAIN ST.		46 N. WASHI	46 N. WASHINGTON BLVD. #1									
	nit 9 Arasota FL 3	34236	SARASOTA F	L 34236-5977									
Ů								Date Incorporated or Qualit 09/14/1994	lied		e of Last R 1/1996	eport	
2. Principal Place of Business			28. Mailing A	28. Mailing Address				FEI Number		0010	<del></del>	plied For	1
21			26	26			59-3269086			Not Applicable			]
	Suite, Apt	r, etc	Suite, Ar	ot. #, efc.			5.	Certificate of Status Desired	d		\$8.75		1
22			27	lote	<del></del>			<del></del>			Fee Re	<del></del>	4
23	City & State	!	City & SI	ale				Election Campaign Financir Trust Fund Contribution	•		\$5.00 Added		
23	Ζφ	Country	Zip		Country	/		This corporation has liability					1
24		25	29		10		_ 🖰	Florida Statutes		Yes 🗀			]
			of Current Registered Ag	ent		7 ::	10.	Name and Address of Ne	w Regi	stered A	gent		7
		ERSON, JOHN			81	Name							
		. Washington BLVD., : Asota fl 34236	<b>#</b> 1		82	Street A	ddress (P	O. Box Number is Not Acc	eptable	)			]
	SAIV	1001A FL 34230			83	<del>                                     </del>						····	1
					-	<u> </u>					11	O. I.	
					84	City				FL	<b>85</b> Zip	Code	1
1	1. Pursuant t	o the provisions of Sections	s 607.0502 and 607.1508, I	Florida Statutes	the above	e-named c	corporation	n submits this statement for	the pur	pose of o	changing il	s registered	1
	agent Lar	r familiar with, and accept	the obligations of, Section	607.0505, Flori	ida Statute	s.	oranon b L	poard of directors. I hereby a	accop:	по арро	in Althour Bo	rogiotoroa	Ì
s	Signature.	Snorature i typera ion privini of rum iu infini.	restand areas and bills during abla-	/NCYF	Registered An	ent signature re	equired when	rainstatino)		DATE			
<u> </u>	2.		CERS AND DIRECTORS	. PIGNE		ion aignace it		remaidal (g)		DAIL			
h	ifLf	DPST			13.		-	ADDITIONS/CHANGES TO C	OFFICE	RS AND	DIRECTOR	S IN 12	ĺω
N			_	DELETE	13. 1.1 TITLE	T		ADDITIONS/CHANGES TO C	OFFICE	RS AND	DIRECTOR Change	S IN 12 Addition	(96/6)
1	IAME	DEFELICE, MARTIN L.	JR.	DELETE			,	ADDITIONS/CHANGES TO C	OFFICE	RS AND [			34 (9/96)
\$	IAME IREET AODRESS	DEFELICE, MARTIN L. 1620 MAIN ST. UNIT 9	JR.	DELETE	1.1 TITLE 1.2 NAME	T ADDRESS	A	ADDITIONS/CHANGES TO C	OFFICE	RS AND			E034 (9/96)
C	TREET ADDRESS	DEFELICE, MARTIN L.	JR.		1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-	1		ADDITIONS/CHANGES TO C	DFFICE		Change	Addition	CR2E034 (9/96)
C	EREET ADDRESS ELTY-SI-ZIP ITLE	DEFELICE, MARTIN L. 1620 MAIN ST. UNIT 9	JR.	] DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE	ST-ZIP		ADDITIONS/CHANGES TO C	DFFICE				CR2E034 (9/96)
III N	EREET AODRESS ELLY-SI-ZIP ELLE ELAME	DEFELICE, MARTIN L. 1620 MAIN ST. UNIT 9	JR.		1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ST-ZIP		ADDITIONS/CHANGES TO C	DFFICE		Change	Addition	CR2E034 (9/96)
III N S	TREET AODRESS  ITY-SI-ZIP  ITTE  IAME  STREET AODRESS	DEFELICE, MARTIN L. 1620 MAIN ST. UNIT 9	JR.		1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	ST-ZIP		ADDITIONS/CHANGES TO C	DFFICE		Change	Addition	CR2E034 (9/96)
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6.4 CITY-ST-ZIF

1. If do hereby cert fy 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 arrival report or supplemental angular 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 this exportation or the receiver or of fullete empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changes or on an attachment with an address.

[941] 366-0307

ALTURE AND TYPED OR PRINTED NAME SIGNING OFFICER OF DIRECTOR PRESIDENT

41/ 300-0307

**FILED** 

Feb 25 1997 8:00am

Secretary of State

Daytime Phone # 0427058