FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000078451 (9)

1. Corporate Name

CALL CARE ASSOCIATES, INC.

Principal Office Address: 5010 SW 164TH TERRACE, FT. LAUDERDALE FL 33331

Mailing Address: 5010 SW 164TH TERRACE, FT. LAUDERDALE FL 33331

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1994

3a. Date of Last Report: N/A

4. FEI Number: 65-0572103 ☐ Applied For ☐ Not Applicable

5. 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

2. Principal Office Address (21–25): Street Address, Suite, Apt. # etc., City & State, Zip, Country

2a. Mailing Address (26–30): Suite, Apt. # etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent

ZAREMBA, FRANK W
1402 3RD AVENUE WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	D ☐ Change ☒ Addition
NAME	HAMM, RUTH	NAME	Arfanis, John
STREET ADDRESS	5010 SW 164TH TERRACE	STREET ADDRESS	2905 Azalea Drive
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	CITY-ST-ZIP	Cooper City, FLA 33026
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Hamm 4-28-95 3053090659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0236597 CP

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CORPORATION ANNUAL REPORT

1995

DOCUMENT # P94000079536 (6)

1. Entity Name

RAMP MARKINGS INC.

Principal Place of Business	Mailing Address
5290 95 STREET N ST PETERSBURG FL 33708	5290 95 STREET N ST PETERSBURG FL 33708

DO NOT WRITE IN THIS SPACE

2. FEI Number	3. Date Incorporated or Qualified	3a. Date of Last Report
65 0533697	10/27/1994	

4. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☑ No

21	22	23	24	25
	Street Address	City & State	FEI	County

26	27	28	29	30
	Street Address	City & State	ZIP	County

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SWETT, THOMAS E 5290 95 STREET N ST PETERSBURG FL 33708	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.0505, Florida Statutes.

SIGNATURE: Thomas Swett THOMAS SWETT PRESIDENT 5/1/95

12. OFFICER AND/OR DIRECTOR	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition P THOMAS E. SWETT 5290 95 ST. N #F ST. PETERSBURG, FL. 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is absolutely true and correct and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE: Thomas Swett THOMAS SWETT 5/1/95 813-319-2976

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED ABOVE — Date — Daytime Phone #

0300430 CP