

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000086237 (2)

1. Corporation Name

RAM ENTERPRISES OF SARASOTA, INC.



Principal Place of Business

Mailing Address

P.O. BOX 35255
SARASOTA FL 34242

P.O. BOX 35255
SARASOTA FL 34242

2. Principal Place of Business

21 4023 SAWYER RD

Suite, Apt. #, etc.

22 # 236

City & State

23 SARASOTA FL

24 Zip

Country

25 34232

26 SARASOTA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 30

3. Date Incorporated or Qualified

11/29/1994

3a. Date of Last Report

06/13/1995

4. FEI Number

68-0006497

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADEBACH, ROBERT A
4047 PRESCOTT STREET
SARASOTA FL 34232

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 607.0102 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

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
MADEBACH, ROBERT A
STREET ADDRESS
4047 PRESCOTT ST.
CITY, ST, ZIP
SARASOTA FL 34232

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME

22 STREET ADDRESS

24 CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

34 CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME

42 STREET ADDRESS

44 CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME

52 STREET ADDRESS

54 CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME

62 STREET ADDRESS

64 CITY, ST, ZIP

14. I do 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)(k), 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:

MADEBACH, ROBERT A

1-21-96 441-345-4234

CR2E034 (12/95)