

**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 # **P95000010725 (6)**

1. Corporation Name  
**R.A.M. FUNDING SERVICES CORPORATION**



Principal Place of Business Mailing Address  
**700 N WICKHAM RD SUITE 104 MELBOURNE FL 32935**

3. Date Incorporated or Qualified **02/06/1995** 3a. Date of Last Report  
4. FEI Number **59-3295578** 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. 193.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **505 N. ORLANDO AVE** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **SUITE 312** 27  
City & State City & State  
23 **COCOA BEACH FL** 28  
Zip Country Zip Country  
24 **32931** 25 **BREVARD** 29 30

9. Name and Address of Current Registered Agent  
**ERCOLANI, GUY A  
700 N WICKHAM RD  
SUITE 104  
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent  
81 Name **Guy A. ERCOLANI**  
82 Street Address (P.O. Box Number is Not Acceptable) **505 N. ORLANDO AVE #312**  
83  
84 City **COCOA BEACH** FL 85 Zip Code **32931**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Guy A. Ercolani* **GUY A. ERCOLANI, DIRECTOR**  
Signature, typed or printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ERCOLANI, GUY A</b>
STREET ADDRESS	<b>700 N WICKHAM RD</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ERCOLANI, SUSAN D</b>
STREET ADDRESS	<b>700 N WICKHAM RD</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>505 N. ORLANDO AVE #312</b>
1.4 CITY-ST-ZIP	<b>COCOA BEACH, FL 32931</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>505 N. ORLANDO AVE #312</b>
2.4 CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MARY T. RIDINGS</b>
3.3 STREET ADDRESS	<b>505 N. ORLANDO AVE #312</b>
3.4 CITY-ST-ZIP	<b>COCOA BEACH, FL 32931</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>PATRICIA J. NICHOLS</b>
4.3 STREET ADDRESS	<b>505 N. ORLANDO AVE #312</b>
4.4 CITY-ST-ZIP	<b>COCOA BEACH, FL 32931</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>700000175.9607</b>
5.4 CITY-ST-ZIP	<b>03.27.96 - 01060--022</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>32931.07</b>
6.3 STREET ADDRESS	
6.4 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: *Guy A. Ercolani* **GUY A. ERCOLANI, DIRECTOR** 5086246574  
Signature and typed or printed name of signing officer or director Date District Phone #

CR2E034 (12/95)