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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000010725 (6)

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



Principal Place of Business: 800 N. ORLANDO AVE, SUITE #12, COCOA BEACH FL 32931
Mailing Address: 800 N. ORLANDO AVE, SUITE 312, COCOA BEACH FL 32931-3149

3. Date Incorporated or Qualified: 02/06/1995
3a. Date of Last Report: 03/27/1996

2. Principal Place of Business: 21 320 N. ATLANTIC AVE, SUITE 8B, COCOA BEACH, FL 32931
2a. Mailing Address: 26 320 N. ATLANTIC AVE, SUITE 8B, COCOA BEACH, FL 32931
23. City & State: COCOA BEACH, FL
24. Zip: 32931, Country: USA

4. FEI Number: 59-3295578
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: ERCOLANI, GUY A, 505 N. ORLANDO AVE, SUITE 312, COCOA BEACH FL 32931

10. Name and Address of New Registered Agent: 81 Name: ERCOLANI, GUY A.
82 Street Address (P.O. Box Number, Is Not Acceptable): 320 N. ATLANTIC AVE
83 SUITE 8B
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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Guy A. Ercolani, DIRECTOR*
Date: 4-21-97

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	ERCOLANI, GUY A	
STREET ADDRESS	500 N. ORLANDO AVE	
CITY - ST - ZIP	COCOA BEACH FL 32931	
TITLE	D	<input type="checkbox"/>
NAME	ERCOLANI, SUSAN D	
STREET ADDRESS	500 N. ORLANDO AVE	
CITY - ST - ZIP	COCOA BEACH FL 32931	
TITLE	D	<input type="checkbox"/>
NAME	RIDINGS, MARY T	
STREET ADDRESS	500 N. ORLANDO AVE	
CITY - ST - ZIP	COCOA BEACH FL 32931	
TITLE	D	<input checked="" type="checkbox"/>
NAME	NICHOLS, PATRICIA J	
STREET ADDRESS	500 N. ORLANDO AVE	
CITY - ST - ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	320 N. ATLANTIC AVE #8B		
1.4 CITY - ST - ZIP	COCOA BEACH, FL 32931		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	320 N. ATLANTIC AVE #8B		
2.4 CITY - ST - ZIP	COCOA BEACH, FL 32931		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	320 N. ATLANTIC AVE #8B		
3.4 CITY - ST - ZIP	COCOA BEACH, FL 32931		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	DELETE		
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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, Director* 4-21-97 407-799-7229

CR2E034 (9/96)