FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500053451 (7)

FILED Mar 19 1998 8:00am Secretary of State

RAM'S	HORN ENTERPRISE, INC.	` '					i
Principal Place of Business Mailing Address					t tentest on Isla and salt adult as a series and)# IIIII #1#81 BII	a. 116 j. 1841
5526 REYNOLDS ROAD LAKE WORTH FL 33467 5526 REYNOLDS ROAD LAKE WORTH FL 33467					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified		
					07/05/1995		
2. Principal Pr	lace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21 26					65-0599343	No	ol Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
22 27						Fee Re	
City & State		 	City & State		6. Election Campaign Financing	\$5.00	
23		28	T Courte		Trust Fund Contribution	Added	
Zip	Country	Zip	Country	,	This corporation owes or has paid the cu Personal Property Tax due June 30.		tangible] No
24	9, Name and Address of Currer	29 3 nt Registered Agent	HO]		10. Name and Address of New Registered		7 140
441			81	Name			
MURRAY, ROBERT A				i			
5526 REYNOLDS ROAD LAKE WORTH FL 33467			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		1
ι	NE WORTH PE 3340)		83				
			ļ				
			84	1	FL	_ 1 " `	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	e-named c	orporation submits this statement for the purpose or oration's board of directors. I hereby accept the app	f changing I	ts registered
office of r agent. La	egistered agent, or both, in the State m familiar with, and accept the oblig	: of Florida. Such change was au lations of, Soction 607.0505, Flori	ithorized b ida Statute	y ine corpo s.	pration's board of directors. I hereby accept the app	xointment as	registered
SIGNATURE							(
Olditatoric	Signature, typed or printed name of registered ag-			ent signature re	equired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PSD	DELETE	1.1 TITLE	- 1		Change	L_I Addition
NAME	MURRAY, ROBERT A		1.2 NAME		\mathcal{L}^{α}		
STREET ADDRESS	5526 REYNOLDS ROAD			T ADDRESS			
CITY-ST-ZIP TITLE	VTD DELETE		1.4 CITY-5	51 - ZIP		Change	Addition
NAME			2.2 NAME	}		C	}
STREET ADORESS	5526 REYNOLDS ROAD			T ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL		2. 4 CITY-	- 1	· ·		. }
TITLE			3.1 TITLE	<u> </u>	<u></u>	Change	Addition
NAME			3.2 NAME	J		-	•
STREET ADDRESS			3.3 STREE	T ADDRESS			, [
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	. }			ļ
STREET ADDRESS			4.3 STREE	T ADORESS			
CITY-ST-ZIP	 		4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	}	•		}
STREET ADDRESS			5.3 STREE	T ADDRESS			'.
CITY - ST - ZIP			5.4 CITY-	ST-ZIP		TT St.	
TITLE		☐ DELETE	6.1 TITLE	ĺ		Change	Addition
NAME	li .		6.2 NAME	ſ			٠. ا
STREET ADORESS			B .	I ADDRESS			
CITY-ST-ZIP	partify that the information augustical	with this filing does not qualify for	6.4 CITY-		In Section 119 07/9/(i) Florida Chiudae 4 whan	ortifu that the	Information
14. I nereby (servity triat the information supplied v	violities ding does not quality for	trie exemp	ภเบท ธเฮเดิด	in Section 119.07(3)(i), Florida Statutes. I further c	army that the	Iniormation

4. I 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:

BULL THURRY ROBERTALANUARIN

3/15/ 98

56/795/905