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

PEXOFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 🔒

DIVISION OF CORPORATIONS

DOCUMENT #	P95000055615	(5)
RANMAR, INC.		

r. Corporation Name		• •		
RANMAR, INC.			J 185 HER I HE HERT SAID SAID SAID SEAR SHEET SHEET SAID AND AND AND AND AND AND AND AND AND AN	
Principa' Place of Business	Mailing Addr	ess	T (BRELOOT) THE SOURL BEING BRUIN BRUIN BRUIN BRUIN BRUIN BRUIN BRUIN WEEK BANK YORK	
4700 SAN JOSE MANOR DR W JACKSONVILLE FL		n Jose Manor dr W Nyille fl		
			3. Date Incorporated or Qualified 07/12/1995 3a. Date of Last Report	
Principal Place of Business 1	2a, Mailing A 26	ddress	4. FEI Number 33 2 7376 Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Ap	t. #, etc.	5. Certificate of Status Desired \$8.75 Additional	
City & State	City & Sta	rle	6. Election Campaign Financing \$5.00 May Be	
23	28		Trust Fund Contribution Added to Fees	
Zip Cour 24 25	ntry Zip	Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No	
9. Name and Add	dress of Current Registered Age	nt	10. Name and Address of New Registered Agent	
KOEGLER, STEVEN C 4655 SALISBURY ROAD SUITE 390 JACKSONVILLE FL 32256 81 Name KOEGLER STQUEN C- 82 Stept Address (P.O. Box Number is Not Acceptable) 6 \ ER 10 S DER DERWOOD PARK BLD NO 84 City JACKSONVILLE FL 85 Zip*Code 3				
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 were authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am				
SIGNATURE Signature, typed or printed ner	ne of registered agent end littly if applicable	(NOTE: Registered Agent signatur	a required when relistating!	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President		DELETE 1 1 TITLE	Change Addition	
NAME RAPDLE STREET ADDRESS 23AL SOCIAL	STEINBERG VIA AVE	1.2 NAME		
CITY-ST-ZIP 1ACVCONIVI	uia ave.	1.3 STREET ADDRESS		
TITLE JACKSONVII	HE TA SE	2 1.4 C/TY-ST-ZIP DELETE 2.1 TITLE		
NAME.	hJ **	2.2 NAME	Change Addition	
STREET ADDRESS		2.3 STREET ADDRESS		
D/TY-ST-ZIP		2.4 CHY-\$1-2P		
TOLE		FLETE 3.1 TITLE	Change Addition	
NAME		3.2 NAME	bread 5 bread 1	
STREET ADDRESS		3.3 STREET ADDRESS		
City-St-Zip		3.4 CITY - ST - ZIP		
TIRE		ELETE 4.1 TITLE	Change Addition	
NAME CARRETT ACCRETOR		4.2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	0 []	4.4 CFTY - ST - ZIP		
NAME	Γ. υ	1	Change Addition	
STREET ADDRESS		5.2 NAME		
CHY-ST-ZIP		5.3 STREET ADDRESS		
TITLE	[] D	5.4 GITY-ST-ZIP FLETE 6.1 TITLE	C/C Change Addition	
NAME		6.2 NAME	S 16 Change Addition	
STREET ADDRESS		5.3 STREET ADDRESS	H - CO CO CO CONTRACTOR OF THE	
CITY-ST-ZIP		6.4 CITY - ST - 7(P	DEP 134 RANDIU-2556	
14. I do hereby certify that the inform	ation supplied with this filing is volu	ntarily fur nis hed and does not qu	alify for the exemption stated in Section 19.07(3)(k), Florida Statute. 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 appears in Block 12 or an attachment with an address.

SIGNATURE:

OF ICER OR DIRECTOR

904-396-6193 Daylime Phone #