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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary & State • DIVISION OF CORPORATIONS

DOCUMENT # **P95000055615** (5)

FILED
Mar 10 1998 8:00am
Secretary of State

RANMAR, INC. Principal Place of Business Mailing Address 9802 BAYMEADOWS 4700 SAN JOSE MANOR OR W SACKSONVILLE FL JACKSONVILLE FL 32256 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1995 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 23065660tha AUE Suite, Apt. #, etc. 21 59-3327376 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 C²v & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered 10. Name and Address of New Registered Agent KOEGLER, STEVEN & V. WALKED % WALKER & KOEGLER 10151 DEERWIGOD PARK., BLDG 100 JACKSONALLE FL 32250 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above hamed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Figlida. 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 obligators of, Section 607.0505, Florida Statutes. 2-26<u>-9</u>8 SIGNATURE when reinstating) 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE STEINBERG, RANDEE NAME 1.2 NAME 2306 SEGOVIA AVENUE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32217 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-zip DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

14. 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 or an attachment with an address.

SIGNATURE: MATE STUDIOS VP/MATEIN STENBERG UP 1/29/18 94-3964410