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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000090138 (5)

RAM GATE SERVICE, INC.

Principal Place of Business 2520 NW 16 STREET		Mailing Address 2520 NW 16 STREET		L JERNINE IIN IAIA ALIRI ARINI ARINI ARINI	
POMPANO BEACH FL 33064		#7 POMPANO BEACH FL 33064-1529			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				11/28/1995	05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0626278	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional
22		27			Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has hability for	
24	25	├ŋ ` ŀ	30		Thraing-bie tax brider's: 199.032, ☐ Yes ☐ No
24	g. Name and Address of Curre		30	10. Name and Address of New Re	
GOI	DSTEIN, MARK		81 Name		
	33 LISBON ST		B2 Street Add	Iress (P.O. Box Number is Not Acceptal	ble)
COOPER CITY FL 33026			oli de Add	TOSS (1.0. Box Harrison is Hot Hoodpie	
			83		
			84 City		85 Zip Code
					FL
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statute e of Florida, Such change was a	es, the above-named cor outhorized by the corpora	poration submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered on the appointment as registered
agent. La	am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE					DATE
12.	Signature, typed or printed name of registered as	NOTE IN A STREET OF STREET	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFI	
TILE	D	DELETE	1,1 TITLE	Abbillion of the state of the state	Change Addition
NAME	GOLDSTEIN, MARK		1.2 NAME		
STREET ADDRESS	10733 LISBON ST		1.3 STREET ADDRESS		
CITY - ST - ZIP	COOPER CITY FL 33026	•	1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	SAMAROO, RALPH		2.2 NAME		
STREET ADDRESS	9575 RICHMOND CIR.	·	2.3 STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33430		2. 4 CITY - ST - ZIP		Observa D 4488ino
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-SI-ZIP		DELETE	3.4. C1TY - ST - ZIP 4.1 TITLE		Change Addition
NAME		pertit	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME		•	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
OUTV DT TID			CACITY OF TID		ı

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 engual eport of 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 opposition 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.

FILED

Feb 18 1997 8:00am

Secretary of State