

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P.96000001779 (3)

1. Corporation Name

RAM Aviation Group, Inc.

Principal Place of Business

8356 NW South River Dr.
Suite B
Medley, FL 33166
US

Mailing Address

8356 S. River Dr.
Suite B
Medley, FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1996

4. FEI Number

65-0675430

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 807 A South Dr

Suite, Apt. #, etc.

22

City & State
23 Fort Walton Bch, FL

Zip 24 32547

Country 25 US

2a. Mailing Address

26 807A South Dr.

Suite, Apt. #, etc.

27

City & State
28 Fort Walton Bch, FL

Zip 29 32547

Country 30 US

9. Name and Address of Current Registered Agent

Alexander, Walter
8356 South River Dr.
Suite B
Medley, FL 33166

10. Name and Address of New Registered Agent

81 Name Raia, Philip

82 Street Address (P.O. Box Number is Not Acceptable)
807A South Dr.

83

84 City Fort Walton Bch.

FL

85 Zip Code
32547

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/16/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME Alexander, Walter,
STREET ADDRESS 4451 NW 36st., Ste. 112
CITY-ST-ZIP Miami Springs, FL 33166

TITLE D ☐ DELETE
NAME Raia, Philip L.
STREET ADDRESS 159 Shoreline Dr.
CITY-ST-ZIP Mary Esther, FL 32569

TITLE D ☒ DELETE
NAME Marti, Michael F.
STREET ADDRESS 100 Hartford Rd.
CITY-ST-ZIP Simsbury, CT 06070

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE President ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 122 Country Club Rd.
2.4 CITY-ST-ZIP Shalimar, FL 32579

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)