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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000016873 (7)

1. Corporation Name
THREE RAMS REALTY, INC.



Principal Place of Business
**18411 MILLSTONE CIRCLE STE 303
 FORT MYERS FL 33908**

Mailing Address
**273 MARIE COURT
 WEST HEMPSTEAD NY 11552-2650**

3. Date Incorporated or Qualified **02/22/1996** 3a. Date of Last Report

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip 25 Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip 29 Country
 30

4. FEI Number 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KELLY, PETER E ESQ.
 1633 PERWINKLE WAY STE H
 SANIBEL FL**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D PV	<input type="checkbox"/> DELETE
NAME	SPROTTE, ROBERT M	
STREET ADDRESS	273 MARIE COURT	
CITY - ST - ZIP	WEST HEMPSTEAD NY 11552	
TITLE	D ST	<input type="checkbox"/> DELETE
NAME	SPROTTE, ANN MARIE	
STREET ADDRESS	273 MARIE COURT	
CITY - ST - ZIP	WEST HEMPSTEAD NY 11552	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT D SPROTTE	
1.3 STREET ADDRESS	149 ROXBURY ROAD	
1.4 CITY - ST - ZIP	GARDEN CITY NY 11530	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JEFFREY SPROTTE	
2.3 STREET ADDRESS	76 LONG RIDGE ROAD	
2.4 CITY - ST - ZIP	PLANNING HOLE N.Y. 11030	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KURT SPROTTE	
3.3 STREET ADDRESS	242 ELTON ROAD	
3.4 CITY - ST - ZIP	STEWART MANOR N.Y. 11530	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 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: **Robert M Sprotte, Inc Robert M Sprotte** Date: **3/1/97** Daytime Phone #: **(516) 485 1576**

CR2E034 (9/96)