

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000016873 (7)
 1. Corporation Name
THREE RAMS REALTY, INC.

Principal Place of Business 16411 MILLSTONE CIRCLE STE 303 FORT MYERS FL 33908	Mailing Address 279 MARIE COURT WEST HEMPSTEAD NY 11552 50 Roxbury Road Garden City, NY 11530
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	26 Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 02/22/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65 073 4420 APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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	DPV	<input type="checkbox"/> DELETE
NAME	SPROTTE, ROBERT M	
STREET ADDRESS	149 ROXBURY RD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	JEFFREY SPROTTE	
STREET ADDRESS	76 LONGRIDGE RD	
CITY-ST-ZIP	PLANDOME NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPROTTE, ROBERT D	
STREET ADDRESS	149 ROXBURY ROAD	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPROTTE, JEFFREY	
STREET ADDRESS	76 LONGRIDGE ROAD	
CITY-ST-ZIP	PLAN DOME NY 11030	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPROTTE, KURT	
STREET ADDRESS	242 ELTON ROAD	
CITY-ST-ZIP	STEWAR MANOR NY 11530	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SPROTTE, ROBERT M	
1.3 STREET ADDRESS	50 Roxbury Rd.	
1.4 CITY-ST-ZIP	GARDEN CITY, NY 11530	
2.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANN MARIE SPROTTE	
2.3 STREET ADDRESS	50 ROXBURY ROAD	
2.4 CITY-ST-ZIP	GARDEN CITY, NY 11530	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SPROTTE, KURT	
5.3 STREET ADDRESS	150 KILBURN ROAD	
5.4 CITY-ST-ZIP	GARDEN CITY, NY 11530	
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 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: *Ann Marie Sprotte* 4-10-98 511 485 1576

CR2E034 (10/97)