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**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90107 027 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P96000016873**

1. Corporation Name  
**THREE RAMS REALTY, INC.**

Principal Place of Business  
 16411 MILLSTONE CIRCLE STE 303  
 FORT MYERS FL 33908

Mailing Address  
 50 ROXBURY RD  
 GARDEN CITY, NY 11530 NY  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	GARDEN CITY, NY 11530	02/22/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0734420	
22. City & State		27. City & State		Applied For	
				<input checked="" type="checkbox"/> Not Applicable	
23. Zip		28. Zip		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing - Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KELLY, PETER E ESQ. <del>1633 PERIWINKLE WAY STE H</del> 1648 PERIWINKLE WAY SANIBEL FL 33957				81 Name Kelly PETER E ESQ			
				82 Street Address (P.O. Box Number is Not Acceptable) 1648 PERIWINKLE WAY Suite A1			
				83			
				84 City SANIBEL FL 85 Zip Code 33957			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPROTTE, ROBERT M	1.2 NAME	
STREET ADDRESS	50 ROXBURY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY NY 11530	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPROTTE, ANN MARIE	2.2 NAME	
STREET ADDRESS	50 ROXBURY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY NY 11530	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SPROTTE, ROBERT D</del>	3.2 NAME	
STREET ADDRESS	<del>149 ROXBURY ROAD</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>GARDEN CITY NY 11530</del>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPROTTE, JEFFREY	4.2 NAME	
STREET ADDRESS	76 LONGRIDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLAN DOME NY 11030	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPROTTE, KURT	5.2 NAME	
STREET ADDRESS	150 KILBURN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY FL 11530	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Ann Marie Sprotte ANN MARIE SPROTTE 4-19-99 516-747-7073  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)