

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

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

05-10-1999 90107 027 ***150.00

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

3. Date Incorporated or Qualified 02/22/1996	
4. FEI Number 65-0734420	Applied For <input checked="" type="checkbox"/> Not Applicable
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 GARDEN City, NY 11530
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

KELLY, PETER E ESQ.
~~1633 PERIWINKLE WAY STE H~~ 1648 PERIWINKLE WAY
SANIBEL FL 33957

10. Name and Address of New Registered Agent

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	85 Zip Code FL 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

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

(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	SPROTTE, ROBERT D	3.2 NAME	
STREET ADDRESS	149 ROXBURY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY NY 11530	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANN MARIE SPROTTE

Date

4-19-99

Daytime Phone #

516-747-7073

CR2E034 (11/98)