

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

**FILED**  
**Jan 22 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # P96000038664 (4)**  
 1. Corporation Name  
**RAMFLOR, INC.**



Principal Place of Business <b>1842 W. FAIRBANKS AVENUE WINTER PARK FL 32789-4502</b>	Mailing Address <b>1842 W. FAIRBANKS AVENUE WINTER PARK FL 32789-4502</b>
----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>30</b> Country

**3.** Date Incorporated or Qualified  
**05/08/1996**

**4.** FEI Number  
**59-3404471**

**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 or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**  
**ADAMS, ADELE**  
**1842 W. FAIRBANKS AVENUE**  
**WINTER PARK FL 32789-4502**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ADAMS, ADELE</b>
STREET ADDRESS	<b>1310 W. 19TH ST.</b>
CITY-ST-ZIP	<b>PANAMA CITY FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ADKINS, JIM</b>
STREET ADDRESS	<b>710 B. GLADES CT.</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RUBIN, MITCHELL</b>
STREET ADDRESS	<b>117 MILLER WAY</b>
CITY-ST-ZIP	<b>LAKE PARK FL 33403</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HIBBS, JOANNE</b>
STREET ADDRESS	<b>4301 32ND ST. WEST, UNIT #B 16</b>
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PLASKETT, CARL</b>
STREET ADDRESS	<b>1000 42ND AVE. N.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33703</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D JOSEPH DALTON</b>
2.3 STREET ADDRESS	<b>114 PINEAPPLE COURT</b>
2.4 CITY-ST-ZIP	<b>LONGWOOD, FL 32750</b>
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	<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 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 \_\_\_\_\_

CR2E034 (10/97)