

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90032 015 ***150.00

0061069

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000038664

1. Corporation Name
RAMFLOR, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 05/06/1996	4. FEI Number 59-3404471	Applied For 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	

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 **SARA RALEY**
 82 Street Address (P.O. Box Number is Not Acceptable)
1842 W. FAIRBANKS AVE
 83
 84 City **WINTER PARK** FL 85 Zip Code **32789**

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 *Sara S. Raley* **SARA S. RALEY** DATE **3/22/99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	ADAMS, ADELE	1.2 NAME
STREET ADDRESS	1310 W. 19TH ST.	1.3 STREET ADDRESS
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	DALTON, JOSEPH	2.2 NAME
STREET ADDRESS	114 PINEAPPLE COURT	2.3 STREET ADDRESS
CITY-ST-ZIP	LONGWOOD FL 32750	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE
NAME	RUBIN, MITCHELL	3.2 NAME
STREET ADDRESS	117 MILLER WAY	3.3 STREET ADDRESS
CITY-ST-ZIP	LAKE PARK FL 33403	3.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	HIBBS, JOANNE	4.2 NAME
STREET ADDRESS	4301 32ND ST. WEST, UNIT #B 16	4.3 STREET ADDRESS
CITY-ST-ZIP	BRADENTON FL 34205	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE
NAME	PLASKETT, CARL	5.2 NAME
STREET ADDRESS	1000 42ND AVE. N.	5.3 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL 33703	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph Dalton* **Joseph Dalton** DATE: **3/22/99** DAYTIME PHONE #: **407-767-5507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2024-11/08