


**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90124 050 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																															
<b>DOCUMENT # P96000065804</b> 1. Corporation Name <b>RONMAR GROUP, INC.</b>																																																																																																																	
Principal Place of Business <b>2402 SE BORDEAUX COURT</b> <b>PORT ST. LUCIE FL 34952</b>		Mailing Address <b>2402 SE BORDEAUX COURT</b> <b>PORT ST. LUCIE FL 34952</b>																																																																																																															
DO NOT WRITE IN THIS SPACE																																																																																																																	
2. Principal Place of Business 21 <b>2731 SE MORNINGSIDE</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2731 SE MORNINGSIDE</b> Suite, Apt. #, etc.																																																																																																															
City & State 23 <b>PORT ST. LUCIE, FL</b> Zip 24 <b>34952</b>		City & State 28 <b>PORT ST. LUCIE, FL</b> Zip 29 <b>34952</b>																																																																																																															
3. Date Incorporated or Qualified <b>08/05/1996</b>		4. FEI Number <b>65-0694648</b>																																																																																																															
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 type="checkbox"/> No																																																																																																																	
9. Name and Address of Current Registered Agent <b>GOLD COAST FINANCIAL SERVICES, INC.</b> <b>KATHLEEN FROST-PONTE</b> <b>4125 SW MARTIN HIGHWAY, SUITE 8</b> <b>PALM CITY FL 34990</b>		10. Name and Address of New Registered Agent 81 Name <b>RONALD ANSARA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2731 SE MORNINGSIDE</b> 83 84 City <b>PORT ST. LUCIE</b> FL Zip Code <b>34952</b>																																																																																																															
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 <i>[Signature]</i> DATE <b>5/20/99</b>																																																																																																																	
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ANSARA, ROSEMARY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2402 SE BORDEAUX COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT ST. LUCIE FL 34952</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TV</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ANSARA, RONALD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2402 SE BORDEAUX COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT ST. LUCIE FL 34952</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	P	<input type="checkbox"/> DELETE	NAME	ANSARA, ROSEMARY		STREET ADDRESS	2402 SE BORDEAUX COURT		CITY-ST-ZIP	PORT ST. LUCIE FL 34952		TITLE	TV	<input type="checkbox"/> DELETE	NAME	ANSARA, RONALD		STREET ADDRESS	2402 SE BORDEAUX COURT		CITY-ST-ZIP	PORT ST. LUCIE FL 34952		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		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 type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		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	
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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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

561-337-2687

Daytime Phone #

CR2E034 (11/98)