

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

FILED

Apr 24 1997 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **P96000081400 (9)**

1. Corporation Name
RAM COMMERCIAL, INC.



| | |
|--|---|
| Principal Place of Business 5240 BABCOCK STREET NORTHEAST SUITE 300- PALM BAY FL 32905 | Mailing Address 5240 BABCOCK STREET NORTHEAST SUITE 300- PALM BAY FL 32905-4843 |
|--|---|

| | | | | | |
|--|--|---|--|--|------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/01/1996 | 3a. Date of Last Report — |
| 21 Suite, Apt. #, etc. SUITE 212 | 26 Suite, Apt. #, etc. SUITE 212 | 4. FEI Number 59-3402643 | | Applied For Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 25 Country | 29 Zip | | 30 Country | |
| 9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | | | 10. Name and Address of New Registered Agent | |

| |
|---|
| 81 Name ROY ARLEN McCLUNG |
| 82 Street Address (P.O. Box Number is Not Acceptable) 673 DWIGHT AVE SE |
| 83 |
| 84 City PALM BAY |
| 85 Zip Code FL 32909 |

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:  DATE: **3-2-97**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE D-P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MCCLUNG, ROY A | | 1.2 NAME | |
| STREET ADDRESS 673 DWIGHT AVENUE SOUTHEAST | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP PALM BAY FL 32909 | | 1.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE S-T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WILLIAMS, VIRGINIA L | | 2.2 NAME | |
| STREET ADDRESS 1400 GARVEY ROAD SOUTHWEST | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP PALM BAY FL 32908 | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 do 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 in an attachment with an address.

SIGNATURE:  DATE: **3-2-97** DAYTIME PHONE: **407-952-2463**

CR2E034 (9/96)