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

DOCUMENT # P96000091251 1. Corporation Name

RAMAL REALTY CO.

Principal Place	of Business	Mailing Address					***************************************		
12340 66TH ST N 12340 66TH ST N									
LARGO FL 34677 LARGO FL 34677						DO NOT WRITE	E IN TUIC CE	DACE	
US US						3. Date Incorporated or Qualifed	: IN THIS ST	ACE	
	· , , ,					11/06/1996			
Principal Place of Business 2a. Mailing Address						4. FEI Number			oplied For
26						59-3416522			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired			Additional
22	27				 -			equired	
City & State	9,,,,,	City & State _				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip ·	Coun	ntry		8. This corporation owes the curren		gible ∐Yes	□No
24	25	29 3	0			Personal Property Tax. 10. Name and Address of New Re			
 -	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Re	gistered Ag	ent	
GURBA, S.L.				•'	Name				
12340-66TH ST N			Ī	82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
LARGO FL 34677			1						
LANC	30 FL 34077			83					ļ
			ŀ	84	City		FI	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,							<u> </u>	يـــبك	
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	f Florida. Such change was auti	norizea	DV U	named corp he corporation	on's board of directors. I hereby accept	the appointn	nent as re	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered A	Agent	signature require	d when reinstating)	DATE		
12.	OFFICERS AND		13.	<u> </u>		ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	ORS IN 12
TITLE	PDT	DELETE	1.1 TITL	Œ				Change	Addition
NAME	GURBA, STEPHEN L		1.2 NA	ME					
STREET ADDRESS	1311 DRUID ROAD SOUTH		1.3 STF	REET/	ADDRESS	•			ļ
CITY-ST-ZIP	BELLEAIR FL 34616		1.4 CIT	Y-ST-	-7IP	· ·			
TITLE			_	2.1 TITLE				Change	Addition
NAME	SCHNEE, CRAIG		2.2 NA)	ME					
STREET ADDRESS	101 N QUEEN ST				ADDRESS				
ļ	LANCASTER PA								
TITLE CITY-ST-ZIP				2.4 CITY-ST-ZIP 3.1 TITLE		7		Change	Addition
1 1			3.2 NA		ŀ				•
NAME					ADORESS				Į
STREET ADDRESS									
CITY-ST-ZIP			_	3.4. CITY+ST-ZIP 4.1 TITLE				Change	☐ Addition
1 }			4, 2 NA						_
NAME	-				ADDDTOC				
STREET ADDRESS			•		ADORESS (
CITY-ST-ZIP		☐ DELETE	4.4 CIT		-ZIP			☐ Change	Addition
TITLE		₩ D¢reie	5.1 TIT				L		<u></u>
NAME			5.2 NAI		ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP		The server	5.4 CIT 6.1 TITI		-4117			Change	☐ Addition
TITLE		DELETE					L		L'1 Voginoti
NAME			6.2 NA	MΕ	l l				

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.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90250 029 ***150.00