Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90191 018 ***150.00

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 # P9700033347

1. Corporation Name

TRAM VENTURES, INC.

TITALVI VE	intotico, into							
Principal Place	of Business	Mailing Address					\$10 0 11713	
2101 AUSTRALIAN AVE WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						04/11/1997		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Apr	olied For
21	<u></u>	26	<u>'L</u>			65-0758773		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	7			5. Certificate of Status Desired \$8.75 Additional Fee Required		
22 City & State	3	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip 29 3	¬ ˙			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		
24	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Age	ent	
JAMES, KEITH A 1655 PALM BEACH LAKES BLVD SUITE 810, TOWER C WEST PALM BEACH FL 33401 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE			попхеа	82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 15 Dove-named corporation submits this statement for the purpose of changing its registered dry the corporation's board of directors. I hereby accept the appointment as registered utes.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				Agent	t signature requi	red when reinstating) . DATE		
12.						ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO	RS IN 12
TITLE	D	. DELETE	1.1 TIT			L	_ change	☐ Workou
NAME	RAY, HAROLD C	1.21						
STREET ADDRESS	2 2 10 1 ADDITIVE AND ATE				ADDRESS			1
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NAME	million, Donald			2.2 NAME		•		
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CITY-ST-ZIP	**************************************			ΠΥ-S	T-ZIP] Change	Addition
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STREET ADDRESS					ADDRESS	•		
CITY-ST-ZIP			3.4. CI	_	T-ZIP] Change	☐ Addition
TITLE		☐ DELETE	4.1 TII	TLE	1	L	_j criange	I'' Angroon

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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY- ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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DELETE

DELETE

54-65

Change

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☐ Addition

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