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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra Br Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000091985 (6)

RAMM CONCEPTS, INC.

Principal Place of Business Mailing Address 1320 S DIXIE HWY WEST 1320 S DIXIE HWY WEST POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1997 2. Principal Place of Business 2a. Mailing Address Applied For 105-0789670 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent **AMERILAWYER** 81 343 ALMERIA AVENUE 82 Street Acceptable) CORAL GABLES FL 33134 **B3** 84 Zip Code 3 3060 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. REE Signature, typed or printed has JALLA CE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE MILANO, THOMAS J NAME 1.2 NAME 1320 S DIXIE HWY WEST STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 21 TITLE Change TITLE WALLACE, REED NAME 2.2 NAME 1320 S DIXIE HWY WEST STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

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 eath; 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.

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

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TITLE

NAME

TITLE

NAME STREET ADDRESS

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CITY-ST-ZIP

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Change

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May 04 1998 8:00am

Secretary of State