## 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 # P98000008533

1. Corporation Name

RAM SPECIALITY FABRICATION, INC.

## Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90053 026 \*\*\*150.00



}							
Principal Place of Business Mailing Address						T : ADTICUE LIG 1910; LOYIN GOILL CONT. CO	
730 S. DEERFIE DEERFIELD BE/	ELD AVE. STE. 8 ACH FL 33441	P.O. BOX 451275 SUNRISE FL 33345-1275	P.O. BOX 451275 SUNRISE FL 33345-1275				
OCCUPACION DE SOUTH SOUT						DO NOT WRITE IN THIS SPACE	_
}						3. Date Incorporated or Qualifed 01/21/1998	
2. Principal P	2a. Mailing Address	ress			4. FEI Number Applied For	7	
21		26				65=0810888 Not Applicable	, T ==
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	<u> </u>			\$8.75 Additional	1
22	•	27	ā.			5. Certificate of Status Desired Fee Required	
City & State	<del>0</del> .	City & State				6. Election Campaign Financing S5.00 May Be	7
23		28	28			Trust Fund Contribution Added to Fees	_
Zip	Country	Zip				8. This corporation owes the current year Intangible	7
24	25					Personal Property Tax.	
	9. Name and Address of Currer					10. Name and Address of New Registered Agent	
				81	Name		
WILLIS, GREGORY J				82	Ctront Ada	dress (P.O. Box Number is Not Acceptable)	$\dashv$
707 S.E. 3RD AVENUE STE. 300			i	82 Street Add		diess (F.O. Box Halliber is Not Acceptable)	- 1
FT. I	Lauderdale fl 33316			83			
	•			84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				ove	e-named cor	rporation submits this statement for the purpose of changing its registered	1
l office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	authorized	by 1	the corporat	tion's board of directors. I hereby accept the appointment as registered	
_	m tamiliar with, and accept the obliga	illons of, Section 007.0303, Fi	onua Statt	1103.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered	Agent	t signature requi	ired when reinstating) DATE	1,
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 111	1.1 TITLE		Change Addition	m   3
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NAME			3.2 NAME		1		
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CITY-ST-ZIP TITLE				TILE		Change Addition	n
ļ i			6.2 NA			_ , _	
NAME STREET ADDRESS				6.3 STREET ADDRESS			-
J SIKEE I ADDKESS	i						- 1

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:

CITY-ST-ZIP