## 02201999-90107-015-\$150.00-\$150.00 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550:00 FILED Feb 20, 1999 8:00 am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Katherine Harris **ANNUAL REPORT** Secretary of State 02-20-1999 90107 015 \*\*\*150.00 1999 **DIVISION OF CORPORATIONS** DOCUMENT # P98000105981 RAM INVESTORS I. INC. Principal Place of Business Mailing Address 3801 PGA BLVD. 3801 PGA BLVD. SUITE 802 SUITE 802 PALM BEACH GARDENS PL 33410 PALM BEACH GARDENS FL 33410 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed <u>12/21/1998</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0882336 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 П 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation owes the current year-intangible 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MILLER, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 3801 PGA BLVD. 82 SUITE 802 83 PALM BEACH GARDENS FL 33410 84 City Zip Code 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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rem 12. OFFICERS AND DIRECTORS 13. CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D TITLE DELETE 1.1 TITLE ☐ Change MILLER, ROBERT A NAME 12 NAME STREET ADORESS 3801 PGA BLVD. 13 STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CTTY-5T-ZIP 2.4 CITY-ST-ZIP MLE DELETE 3.1 TITLE ☐ Change ☐ Addition 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST-ZIP TITLE DELETE 4.FTITLE Chánga ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 517me Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS JITY-ST-ZIP 5.4 CITY-5T-ZIP TITLE DELETE [] Change ☐ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS TTY-ST-ZIP 6.4 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 ceth; that I em an Block 12 or Block 13 if changed, or on an attachment with an applicable, with all other like empowered.

SIGNATURE:

SINGUE PAULSTRED

2/8/99

561-799-6744

Daytime Phone 8