

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



Florida DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**  
**95 APR 21 AM 8:09**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K39028 (1)**

1. Corporation Name  
**RAMPART REALTY, INC.**

Principal Place of Business Mailing Address  
114 ...  
EDISON NJ 08820  
EDISON NJ 08820

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or assumed **10/17/1988** 2a. Date of Last Report **05/01/1994**  
4. FEI Number **22-2932254** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE D  
NAME **PARAUDA, JOSEPH R.**  
STREET ADDRESS **7 MONICA DR.**  
CITY-ST-ZIP **EDISON NJ 08820**  
TITLE D  
NAME **PARAUDA, MARTINA G.**  
STREET ADDRESS **7 MONICA DR.**  
CITY-ST-ZIP **EDISON NJ 08820**  
TITLE D  
NAME **PARAUDA, MARTINA A.**  
STREET ADDRESS **7 MONICA DR.**  
CITY-ST-ZIP **EDISON NJ 08820**  
TITLE D  
NAME **PARAUDA, JOHN E.**  
STREET ADDRESS **417 E. 90TH ST.**  
CITY-ST-ZIP **NEW YORK CITY NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *Joseph Parauda, Director* 4-15-95 908-548-5082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #