

**FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. March  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P37935 (4)

1. Corporation Name

RAM ELECTRONIC SALES, INC.



Principal Place of Business

500 N. CENTRAL EXPRESSWAY, SUITE 210  
PLANO TX 75074

Mailing Address

500 N. CENTRAL EXPRESSWAY, SUITE 210  
PLANO TX 75074

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

EBERHART, BRIAN  
18167 US 19 N  
SUITE 458  
CLEARWATER FL 34624

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1506, 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. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE

Signature of the officer or director to be removed

Signature of the officer or director to be added

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	EBERHART, RICHARD A.	
STREET ADDRESS	500 N. CENTRAL EXP.-#210	
CITY-STATE-ZIP	PLANO TX	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	MARTIN, MICHAEL F.	
STREET ADDRESS	11940 JOLLYVILLE RD.	
CITY-STATE-ZIP	AUSTIN TX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EBERHART, JOYCE A	
STREET ADDRESS	500 N CENTRAL EXP 210	
CITY-STATE-ZIP	PLANO TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 119.07(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 a 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 in an attachment with an address.

SIGNATURE: *Joyce Eberhart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96

CR2E034 (12/95)