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 # H21118 1. Corporation Name

CAMAR ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90006 032 ***150.00



6541 POWERS AVENUE JACKSONVILLE FL 32217 6541 POWERS AVENUE JACKSONVILLE FL 32217					į	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/17/1984			
5 Date -11 Di	and Duning	2a. Mailing Address				4. FEI Number		Applied For	
	ace of Business 1-3 POWERS AN		POWE	: 0 c	AND		H	Not Applicable	
		Suite, Apt. #, etc.	IPME	462	<i>,,,,</i>	_	\$8.	75 Additional	
Suite, Apt.	#, etc.	27		-	٠ تـ ٠	5. Certifcate of Status Desired		e Required	
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip 24	Country 25	Zip 29	Country 30	у		This corporation owes the current year I Personal Property Tax.	ntangible Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent		
			81	Nam	18	·			
MARTINEZ, ELISEO 6541 POWERS AVENUE JACKSONVILLE FL 32217				82 Street Address (P.O. Box Number is Not Acceptable)					
				-					
			84	City		F	L 85	Zip Code	
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was au	thorized by	/ the co	ed corpor rporation	ation submits this statement for the purpose is board of directors. I hereby accept the app	of changir ointment	g its registered as registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Age	nt signatu	re required w	when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	VP	☐ DELETE	1.1 TITLE			•	☐ Cha	inge 🗌 Addition	
NAME	CABARRUS, JESUS, JR.		1.2 NAME						
STREET ADDRESS	6541 POWERS AVENUE		1.3 STREE	T ADDRE	ss				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-S	ST-ZIP	1				
TITLE	PT	☐ DELETE	2.1 TITLE				Cha	inge	
NAME	MARTINEZ, ELISEO		2.2 NAME						
STREET ADDRESS	6541 POWERS AVENUE		2.3 STREE	TADDRE	SS				
CITY-ST-ZIP	JACKSONVILLE FL	-	2. 4 CITY-	ST-ZIP		* <u> </u>	·		
TITLE	S	☐ DELETE	3.1 TITLE				Cha	ange	
NAME	GONZALEZ, JOSE		3.2 NAME		1				
STREET ADDRESS	6719 LAURINA PLACE		3.3 STREE	ET ADDRE	SS				
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Ch:	ange	
NAME			4. 2 NAME	1					
STREET ADDRESS			4.3 STREE	T ADDRE	ss				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			 -	Cha	ange	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	ET ADDRE	ss				
CITY-ST-ZIP			5.4 CiTY-8				<u></u>		
TITLE		☐ DELETE	6.1 TITLE			. •	Chi	ange	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	ET ADDRE	SS				
CITY-ST-ZIP			6.4 CITY-5	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 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 chapted, or example an attachment with an address, with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

4-15-99 (904) 737-5544

-CR2E034 (11/98)