

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 2:29

DOCUMENT # **P92000003414 (9)**

1. Corporation Name
CAMM EDUCATIONAL ENTERPRISES, INC.

Principal Place of Business Mailing Address
**2651 N.W. 42ND AV
COCONUT CREEK FL 33066
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/04/1992** 3a. Date of Last Report **02/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **1 FINANCIAL PLAZA** 26 **3300 NE 30th AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite - 150** 27
City & State City & State
23 **FT. LAUDERDALE, FL.** 28 **LIGHTHOUSE POINT, FL.**
Zip Country Zip Country
24 **33394** 25 **BROWARD** 29 **33064** 30 **BROWARD**

4. FEI Number **65-0387741 - CORRECT - 0387741** Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be
Added to Fees
7. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
AJAKIE, ANTHONY
2651 N.W. 42ND AV
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3300 NE 30th AVE.
83
84 City **LIGHTHOUSE POINT FL** 85 Zip Code **33064**

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 *Anthony Ajakie* (Signature of Registered Agent) **Mar 24, 1995** (Date)

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	AJAKIE, ANTHONY
STREET ADDRESS	2651 N. W. 42ND AV
CITY, ST, ZIP	COCONUT CREEK FL
TITLE	DVT
NAME	AJAKIE, CAMILLE
STREET ADDRESS	2651 N. W. 42ND AV
CITY, ST, ZIP	COCONUT CREEK FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	3300 NE 30th AVE.
14 CITY, ST, ZIP	LIGHTHOUSE POINT FL 33064
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	3300 NE 30th AVE.
24 CITY, ST, ZIP	LIGHTHOUSE POINT FL 33064
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 on Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Anthony Ajakie* **Anthony AJAKIE** **3/24/95** **305-462-7746**
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR