

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

APPROVED AND FILED

95 APR -3 PM 1:07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # P94000088704
 1. Corporation Name **Camper Kingdom Corporation**

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	183 South Hampton Dr.	12/6/94	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Jupiter, FL	65-0562354	Not Applicable
24	Country	29	Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30	USA	<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Andrew H. Myers				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				183 South Hampton Dr.			
				83			
				84	City	FL	85 Zip Code
					Jupiter		33458

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 *Andrew H. Myers* Andrew H. Myers, President 3/27/95

(Signature, typed or printed name of registered agent and 1% of shareholders) (NOTE: Registered Agent signature required when terminating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Andrew H. Myers
STREET ADDRESS		1.3 STREET ADDRESS	183 South Hampton Dr.
CITY, ST, ZIP		1.4 CITY, ST, ZIP	Jupiter, FL 33458
TITLE		2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Lori B. Myers
STREET ADDRESS		2.3 STREET ADDRESS	183 South Hampton Dr.
CITY, ST, ZIP		2.4 CITY, ST, ZIP	Jupiter, FL 33458
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	200001449062
NAME		4.2 NAME	-04/06/95 --01032
STREET ADDRESS		4.3 STREET ADDRESS	****200.00 ****200.00
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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 renewal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Andrew H. Myers* Andrew H. Myers, President 3/27/95 407-575-3565

(Signature and typed or printed name of signing officer or director) Date (Official Phone #)