

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90004 010 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000019820** ✓

1. Corporation Name

**CAMEO ENTERPRISES, INC.**

Principal Place of Business  
**3905 S. INDIAN RIVER DRIVE  
FORT PIERCE FL 34982**

Mailing Address  
**3905 S. INDIAN RIVER DRIVE  
FORT PIERCE FL 34982**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/04/1996**

4. FEI Number

**59-3363965**

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**MOZGAWA, EDWARD A  
3905 S. INDIAN RIVER DRIVE  
FORT PIERCE FL 34982**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PSD MOZGAWA, EDWARD A**  
STREET ADDRESS **3905 S. INDIAN RIVER DRIVE**  
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Edward A. Mozgawa**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/30/99**  
Date

**561-464-3775**  
Daytime Phone #

CR2E034 (11/98)

p96000019820  
588576-90004-10

**CAMEO ENTERPRISES**

3905 South Indian River Drive  
Fort Pierce, Fl. 34982-7738  
Phone (561) 464-3775

7/1/99

Annual Reports Filing  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

To whom it may concern:

The 1999 Profit Corporation Annual Report was due May 1, 1999 and inadvertently did not get paid. Since April my wife of 35 years who handled all my paperwork was gravely ill and I had to try to take over the paperwork and become her main caregiver. It was only with the help of Hospice and my full attention that helped to ease her pain during those last few months. Both the business and I have suffered as I made my first priority my wife's care until she passed away 6/16.

When I received the second report I discovered my error and called the Dept of State. I was directed to Send the \$150 with a letter of explanation. I apologize for the error and and thank you for your help in this matter.

Sincerely,

CAMEO ENTERPRISES

*Edward A. Mozgawa*

Edward A. Mozgawa  
President

## OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDATYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

LOCAL FILE NO.		DECEDENT'S NAME (Last, First, Middle)		SEX	
		Phyllis Grace Moggawa		Female	
DATE OF DEATH (Month, Day, Year)		SOCIAL SECURITY NUMBER		AGE at Death (Years, Months, Days)	
June 16, 1999		080-34-1225		60	
DATE OF BIRTH (Month, Day, Year)		BIRTH PLACE (City and State or Foreign Country)		WAS DECEDENT EVER IN U.S. ARMY OR NAVY?	
December 8, 1938		Bath, New York		NO	
PLACE OF DEATH (Check one, use printed name of other only)		CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
HOSPITAL (Indicate if long-term care facility, nursing home, or other institution)		Fort Pierce		St. Lucie	
FACILITY NAME (if not institution, give street and number)		3905 South Indian River Drive			
DECEDENT'S USUAL OCCUPATION		KIND OF BUSINESS, INDUSTRY, OR SERVICE		MARRITAL STATUS	
School Teacher		Public Education		Married	
REFERENCE STATE		COUNTY		CITY, TOWN OR LOCATION	
Florida		St. Lucie		Fort Pierce	
INVEST. CITY		COUNTY		STREET AND ADDRESS	
NO		34982		3905 So. Indian River Drive	
FATHER'S NAME (Last, First, Middle)		MOTHER'S NAME (Last, First, Middle)			
Charles Wightman		Grace Conine			
DECEASED'S NAME (Last, First, Middle)		MAILING ADDRESS (Household, business, or other address, street, city, state, and zip)			
Edward Moggawa		3905 So. Indian River Dr., Fort Pierce, FL 34982			
METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place)		CITY, TOWN OR LOCATION	
Burial - X - Cremation - Other -		Fort Pierce Crematory		Fort Pierce, Florida	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
		FE 1503		Yates Funeral Home, Inc. PO Box 777, Fort Pierce, FL 34954	
DATE SIGNED (Month, Day, Year)		HOUR OF DEATH		DATE OF DEATH (Month, Day, Year)	
6/18/99		8:03 A.M.		6/18/99	
NAME OF ATTENDING PHYSICIAN (If other than certifier, show name and address)		NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner, or other person)			
Nicholas O. Iannotti M.D., 1801 SE Hillmoor Dr., B-101, Fort St. Lucie, FL 34952		Abbey Bennett, 1801 SE Hillmoor Dr., B-101, Fort St. Lucie, FL 34952			
SUBREGISTRAR'S SIGNATURE AND DATE		LOCAL REGISTRAR'S SIGNATURE AND DATE			
Beverly J. Kellogg		Abbey Bennett			
CAUSE OF DEATH BY CERTIFIER		CAUSE OF DEATH BY CERTIFIER			
Immediate Cause of Death		Immediate Cause of Death			
Cerebral Anoxia		Cerebral Anoxia			
Due to (or as a consequence of)		Due to (or as a consequence of)			
Pneumonia		Pneumonia			
Due to (or as a consequence of)		Due to (or as a consequence of)			
Cerebral Anoxia		Cerebral Anoxia			
Due to (or as a consequence of)		Due to (or as a consequence of)			
Pneumonia		Pneumonia			
Due to (or as a consequence of)		Due to (or as a consequence of)			
Cerebral Anoxia		Cerebral Anoxia			
Due to (or as a consequence of)		Due to (or as a consequence of)			
Pneumonia		Pneumonia			
Due to (or as a consequence of)		Due to (or as a consequence of)			
Cerebral Anoxia		Cerebral Anoxia			
Due to (or as a consequence of)		Due to (or as a consequence of)			
Pneumonia		Pneumonia			
Due to (or as a consequence of)		Due to (or as a consequence of)			
Cerebral Anoxia		Cerebral Anoxia			
Due to (or as a consequence of)		Due to (or as a consequence of)			
Pneumonia		Pneumonia			
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Pneumonia		Pneumonia			
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Pneumonia		Pneumonia			
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