

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

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FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90054 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000028450

1. Corporation Name
CAMA PARTNERS, INC.



Principal Place of Business 2090 N SPARKMAN AVE ORANGE CITY FL 32763-3316	Mailing Address P.O. BOX 741076 ORANGE CITY FL 32774-1076
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 41 COURT DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 843 N. WOODLAND BLVD Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/25/1997	4. FEI Number 59-3432215	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 DESTIN, FL.	27 City & State 28 DELAND, FL.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24 Zip 32541	25 Country USA	29 Zip 32220	30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
8. This corporation owes the current year intangible Personal Property Tax.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent VANN, JAN 2090 N SPARKMAN AVE ORANGE CITY FL 32763-3316 41 COURT DRIVE DESTIN, FL. 32541	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 41 COURT DRIVE 83 84 City DESTIN FL 85 Zip Code 32541
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAN VANN	1.2 NAME	
STREET ADDRESS	2090 N SPARKMAN AVE	1.3 STREET ADDRESS	41 COURT DRIVE
CITY-ST-ZIP	ORANGE CITY FL 32763	1.4 CITY-ST-ZIP	DESTIN, FL. 32541
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY S BROWN	2.2 NAME	
STREET ADDRESS	5924 PAMELA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32570	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 11 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jan Vann* Date: 4/24/99 Daytime Phone # _____

CR2E034 (1/98)