

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S76979 (1)
1. Corporation Name
KEVIN A. CAMERON, CPA, P.A.



Principal Place of Business
**3655 HENDERSON BLVD.
#100
TAMPA FL 33609
US**

Mailing Address
**P O BOX 320494
TAMPA FL 33679
US**

3. Date Incorporated or Qualified **08/29/1991** 3a. Date of Last Report **02/24/1995**

21	2. Principal Place of Business 3333 Henderson Blvd.	22	Suite, Apt. #, etc. 140	23	City & State Tampa FL	24	Zip 33609	25	Country	26	2a. Mailing Address	27	Suite, Apt. #, etc.	28	City & State	29	Zip	30	Country	4.	FBI Number 59-3081198	Applied For	Not Applicable
										5.		Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required							
										6.		Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>		\$5.00 May Be Added to Fees							
										8.		This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									

9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent									
CAMERON, KEVIN A. 2301 BENDELOW TRAIL TAMPA FL 33629										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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMERON, KEVIN A			1.2 NAME			
STREET ADDRESS	2301 BENDELOW TRAIL			1.3 STREET ADDRESS			
CITY- ST- ZIP	TAMPA FL			1.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY- ST- ZIP				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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Kevin A. Cameron **KEVIN A. CAMERON** 4/24/96 813-876-4935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Time, Place

CR2E034 (12/95)