

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:18

DOCUMENT # **P93000038840 (3)**
1. Corporation Name
GAM AT CAMP, INC.

Principal Place of Business Mailing Address
635 ANDERSON CIRCLE NO. 204 **635 ANDERSON CIRCLE NO. 204**
DEERFIELD BEACH FL 33441 **DEERFIELD BEACH FL 33441**

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	9200 W. Atlantic Blvd	26	P.O. Box 5184	06/01/1993	04/25/1994
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number	Applied For
22	Apt # 1413	27		65-0428354	Not Applicable
City & State		City & State		5. Certificate of Status Desired	
23	Coral Springs, FL	28	Deerfield Beach, FL	<input type="checkbox"/> \$8.75 Additional Fee Required	
24	33071	29	33441	6. Election Campaign Financing Trust Fund Contribution	
25		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		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			
GAM, GARY B 635 ANDERSON CIRCLE NO. 204 DEERFIELD BEACH FL 33441				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	Apt # 1413		
				84	City	85	Zip Code
				Coral Springs	FL		33071

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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAM, GARY	1.2 NAME	
STREET ADDRESS	635 ANDERSON CIRCLE NO. 204	1.3 STREET ADDRESS	P.O. Box 5184
CITY, ST, ZIP	DEERFIELD BEACH FL 33441	1.4 CITY, ST, ZIP	Deerfield Beach, FL 33441
TITLE		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		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	<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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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 registered agent or my appointee in Block 12 or Block 13, or an attorney-in-fact, or an authorized agent with an address as not equally for the exemption stated in Section 119.07(8)(a), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report complies with the requirements of Chapter 607, Florida Statutes, and that my name is not on the list of officers, directors, or registered agents of the corporation as required by Chapter 607, Florida Statutes, and that my name is not on the list of officers, directors, or registered agents of the corporation as required by Chapter 607, Florida Statutes, and that my name is not on the list of officers, directors, or registered agents of the corporation as required by Chapter 607, Florida Statutes.

SIGNATURE: *[Signature]* 3/28/95 305-360-7210