Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90141 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 375036

1. Corporation Name

CAMINO	REALTY CORPORATION						
Principal Place	of Business	Mailing Address			+ 100100 sirki 1000 dirki 00100 rijira oliri oli	HIL BYRIT BERT BIRIT	81811 61911 1881
398 CAMINO GARDENS BLVD. 398 CAMINO GARDENS BLVD. SUITE 108 BOCA RATON FL 33432 US 398 CAMINO GARDENS BLVD SUITE 108 BOCA RATON FL 33432 US			ďD		DO NOT WRITE IN TI 3. Date incorporated or Qualifed 01/05/1971	HIS SPACE	
2. Principal Pl	ace of Business #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-1350098 5. Certificate of Status Desired □	\$8.75	ot Applicable Additional	
22	الروزيت بالمالية في الرائد المستحديقية المالية	27			5, 551,110,100		equired
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
Zip `	Country ·	Zip [3	Count 30	ry	This corporation owes the current year Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent 🖰	
			8	1 Name			
BAUR, EUGENE 398 CAMINO GARDENS BLVD, SUITE 108			8	2 Street Ac	ddress (P.O. Box Number is Not Acceptable)		
BOC	A RATON FL 33432	4	8	3			
,				4 City		-L -	Code
office or re agent, I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	r Francia. Such channe was all	1000760 £	w me comora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as re	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	ent signature req	uired when reinstating) DATE		· *···································
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	PD	☐ DELETE	1,1 TITLE			☐ Change	☐ Addition
NAME	Baur, Eugene		1.2 NAM	E			
STREET ADDRESS	398 CAMINO GDS BLVD #108		1.3 STRE	ETADORESS			
CITY-ST-ZIP			1.4 CITY	-ST-ZIP			
TITLE	DS DELETE 2.11		2.1 TITLE	•		Change	Addition
NAME	BAUR, JEANNE		2.2 NAM	E			j
STREET ADDRESS	398 CAMINO GDNS BLVD #108		2.3 STRE	EET ADDRESS			ĺ
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY		<u> </u>	Chann	Addition
TITLE		☐ DELETE	3.1 1111.1		•	Change	7 - +paraon
NAME			3.2 NAM				İ
STREET ADDRESS	٠,.			EET ADORESS			1
CITY-ST-ZIP		C) perere	3.4. CITY			Change	☐ Addition
TITLE		☐ DELETÉ	4.1 TITLI			Change	
NAME			4.2 NAM				j
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY 5.1 TITL			Change	☐ Addition
TITLE	•	□ pereic	5.1 IIILI 5.2 NAM				
NAME				EET ADORESS			
STREET ADDRESS			5.4 CITY	1		•	}
CITY-ST-ZIP	·····	☐ DELETE	6.1 TITL			☐ Change	☐ Addition
TITLE			6.2 NAM				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

THOS INSTITUTE OF LIFE OF

STREET ADDRESS