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Apr 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 191796 (2)

1. Corporation Name  
CAMILL, INC.

Principal Place of Business  
2258 MAGANS OCEAN WALK  
VERO BEACH FL 32963  
US

Mailing Address  
2258 MAGANS OCEAN WALK  
VERO BEACH FL 32963-3127  
US

3. Date Incorporated or Qualified 03/22/1956  
3a. Date of Last Report 01/29/1996

2. Principal Place of Business  
21 23950 S.W. 147 AVENUE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 23950 S.W. 147 AVENUE  
Suite, Apt. #, etc.

4. FEI Number NOT APPLICABLE  
Applied For Not Applicable

22 City & State  
23 MIAMI, FLORIDA

27 City & State  
28 MIAMI, FLORIDA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 33032 25 DADE

29 33032 30 DADE

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, GEORGE  
2258 MAGAN'S OCEAN WALK  
VERO BEACH FL 32963

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
23950 S.W. 147 AVENUE  
83  
84 City MIAMI FL 85 Zip Code 33032

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          | PD                      | <input type="checkbox"/> DELETE |
| NAME           | MILLER, GEORGE          |                                 |
| STREET ADDRESS | 2258 MAGAN S OCEAN WALK |                                 |
| CITY-ST-ZIP    | VERO BEACH FL           |                                 |
| TITLE          | DT                      | <input type="checkbox"/> DELETE |
| NAME           | MILLER, ROSE C          |                                 |
| STREET ADDRESS | 2258 MAGANS OCEAN WALK  |                                 |
| CITY-ST-ZIP    | VERO BEACH FL           |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

|                    |                     |  |
|--------------------|---------------------|--|
| 1.1 TITLE          | PRESIDENT           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | GEORGE              |  |
| 1.3 STREET ADDRESS | 23950 SW 147 AVENUE |  |
| 1.4 CITY-ST-ZIP    | MIAMI, FL 33032     |  |
| 2.1 TITLE          | SEC. TREAS.         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | ROSE C. MILLER      |  |
| 2.3 STREET ADDRESS | 23950 SW 147 AVENUE |  |
| 2.4 CITY-ST-ZIP    | MIAMI, FL 33032     |  |
| 3.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                     |  |
| 3.3 STREET ADDRESS |                     |  |
| 3.4 CITY-ST-ZIP    |                     |  |
| 4.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                     |  |
| 4.3 STREET ADDRESS |                     |  |
| 4.4 CITY-ST-ZIP    |                     |  |
| 5.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                     |  |
| 5.3 STREET ADDRESS |                     |  |
| 5.4 CITY-ST-ZIP    |                     |  |
| 6.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                     |  |
| 6.3 STREET ADDRESS |                     |  |
| 6.4 CITY-ST-ZIP    |                     |  |

14. I do 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

SIGNATURE: ROSE C. MILLER  
Rose C. Miller, Sec. Treas.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 258-8794  
Date Daytime Phone #

CR2E034 (9/96)