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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # 479655**

1. Corporation Name CAMELOT SCHOOL, INC. Principal Place of Business Mailing Address 9777 EAST INDIGO 9777 EAST INDIGO MIAMI FL 33157 MIAMI FL 33157 2a. Mailing Address 2. Principal Place of Business 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 22 City & State City & State 28 23 Country Zip Country 30 25 29 24

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90080 044 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be_

Added to Fees

Yes Yes

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5.3 Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. Election Campaign Financing

8. This corporation owes the current year Intangible

06/26/1975

59-1608095

4. FEI Number

BLACKWELDER, WILLIAM C 9777 EAST INDIGO MIAMI FL 33157 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 Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
9777 EAST INDIGO MIAMI FL 33157 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 SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE DELETE 1.3 STREET ADDRESS FLORIDATE 1.3 STREET ADDRESS MIAMI FL Change Add CHANGES CITY-ST-ZIP CHANGES CITY-ST-Z	BLACKWELDER, WILLIAM C 9777 EAST INDIGO			Name		
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14. I hereby certify that the information supplied with this filing does not qualify for the exhibition stated in Section 17.07(f), in the same legal effect as if made under oath; that I am an 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

SIGNATURE: