

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90114 045 ***150.00

DOCUMENT # 697789

1. Corporation Name

CARA EBERT CAMERON, P.A.

Principal Place of Business

**2929 EAST COMMERCIAL BOULEVARD
SUITE 409
FT. LAUDERDALE FL 33308**

Mailing Address

**2929 EAST COMMERCIAL BOULEVARD
SUITE 409
FT. LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1981

4. FEI Number

59-2193777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2929 East Commercial Blvd.
Suite, Apt. #, etc.

22 Suite 410
City & State

23 Ft. Lauderdale, Fl. 33308
Zip Country

24

2a. Mailing Address

26 2929 East Commercial Blvd.
Suite, Apt. #, etc.

27 Suite 410
City & State

28 Ft. Lauderdale, Fl. 33308
Zip Country

29

30

9. Name and Address of Current Registered Agent

**CAMERON, CARA E
2929 EAST COMMERCIAL BOULEVARD
SUITE 409
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name
Cara Ebert Cameron,

82 Street Address (P.O. Box Number is Not Acceptable)
2929 East Commercial Blvd.

83 Suite 410

84 City
Ft. Lauderdale

FL

85 Zip Code
33308

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

TITLE **PD** ☐ DELETE
NAME **CAMERON, CARA EBERT**
STREET ADDRESS **2929 EAST COMMERCIAL BOULEVARD, SUITE 409**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **Cameron, Cara Ebert**
1.3 STREET ADDRESS **2929 East Commercial Blvd., Suite 410**
1.4 CITY-ST-ZIP **Ft. Lauderdale, Fl. 33308**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

Cara Ebert Cameron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cara Ebert Cameron, Pres., 2/22/99 954-491-1950

Date

Daytime Phone #

CR2E034 (11/98)