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FILE NOW: FILING FEE IS \$61.25				APPROV	ED	(1)
NONP	ROFIT PRATION	FLORIDA DEPARTMEN Sandra B. Mor	IT OF STATE	AND FILED		
ANNUAL	REPORT 96	Secretary of S DIVISION OF CORPO		1996 OCT 30 Pr	1 2: 22	
OCUME Corporation Na	ENT # 714649	(1)		SECRETARY OF TALLAHASSEE. I	STATE FLORIDA	
CAMELOT HALL CONDOMINIUM CORP., INC.				L LEASH VECAN MAN SAND ENKI EN	11. 14. 14. 14. 14. 14. 14. 14. 14. 14.	114 114 14 1 119 4
biochal Piere of Rusiness Meiling Address				<u> </u>		AN THAN TAN
4991 NW 18TH ST 4321 NW 18TH ST						
P O BOX 189013 LAUDERHILL FL 33313		P O BOX 189013 LAUDERHILL FL 33313			3a. Date of Lest Re 05/01/199	
US 2. Principal Place	of Business	Ze. Melling Address	.H.C	05/24/1968 4. FEI Number	Ap	plied For
LAULE Sulte, Apl. 4.	TRIFICIAL PAUTOR	90 4501 NW Suite, Apt. #, etc.	6-37.	59-1320384 5. Certificate of Status Desired	\$8.75	
City & State		27 Ci y & State		6. Election Cempalgn Financing	\$5.00	May Be
3] Zio	Country	20 LAUDERHIL	Country	8. This corporation has liability for	r Intangible tax under 8. 1	
4	9. Name and Address of Current	Pagestered Agent	USA-	Floride Statutes 10. Name and Address of New	Yes No Regletered Agent	
LAUDERHILL TEN MANAGEMENT CORP 82 Street Address (P.O. Box Number is Not Acceptable)						
4301 N.W. 18TH ST. 4.000010922417						
LAUDERH	MLL FL 33313		84 City	1 0/	/31/96 	981. 25
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, and accept the obligations of, Section 617.0503, Florida Statutes.						
NO. WILLIAM TO SEE THE						
12.	ignature, typed or printed name of registered agent a OFFICERS AND	DIRECTORS	gletered Agent signeture re- 13.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTOR	C AddRion S
TITLE	VP CATIEN GERARD	∑ O€LETE	1.1 TITLE 1.2 NAME	DIRECTOR C-	Change	7
NAME STREET ADDRESS	Gatien, Gerard 4321 N.W. 16TH St.		1.3 STREET ADDRESS	HUBERIE ST	SBREE.	ZE037
CITY-ST-ZIP	LAUDERHILL, FL 0	DOELETE	1.4 CITY-ST-ZIP 2.1 TITLE	DIKECTOR.	Change	Addition 5
TITLE NAME	ST VAN ANTWERP, DOROTHY	- Contract of the Contract of	2 2 NAME	VEILLEUX, PAUL		
STREET ADDRESS	4321 NW 16TH STREET		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	LAUNDELILLEL	333/3	
DITLE	PD PD	DELETE	3.1 TITLE	TRESIDENT MAR	C Change	Addition
NAME STREET ADDRESS	FRANKEL, ARNOLD 4321 NW 16TH STREET	1	3.3 STREET ADDRESS	4321NW/65 ST.		
CITY-ST-ZIP	LAUDERHILL, FL 00000	M DELETE	3.4. CITY - \$1 - 24P 4.1 TITLE	LAUDERHILL, EL 3	3313 □Change	Addition
TITLE HAME	D Antaya, Claude	Manerele	4.7 INCE 4.2 NAME		·	}
STREET ADORESS	4321 N.W. 16TH ST.		4.3 STREET ADDRESS	_		
CITY-ST-ZIP TITLE	LAUDERHILL, FL 00000 D	DELETE	5.1 TITLE	VICE - PRESIDE	Change	Addition
NAME PLOCET ADDRESS	Bertrand, Lajoie 4321 NW 16TH Street		5.2 NAME 5.3 STREET ADDRESS			}
STREET ADDRESS ! CITY-ST-ZIP	LAUDERHILL, FL 00000		5.4 CITH - ST-ZIP	BOCKETARY.	Change	Addition
TITLE NAME	1101 100	14096	6.1 TITLE 6.2 NAME	LINESULAY HIMI		7
STREET ADDRESS	15/96 1	1.41.25	6.3 STREET ADDRESS 6.4 City-ST-ZIP	LAMPERIL PL 3	3313	(103096
CITY-ST-ZIP 14. I do heret	by certify that the information supplied at the information indicated on this and	with this filing is voluntarily lumishous report or supplemental sinnus	ned and does not que report is true and a	curate and that my signature shall have	119.07(3)(k), Florida Statu e the same legal effect as	ites. I further
11. I do hereby certify that the information subplied with this filling is volunterly furnished and does not qualify for the exemption stated in Section 119.07(3)(d). 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 certify that I am an office or director of the corporation or the receiver or trustee empowered to execute this report as required by chapter 617 regions Statutes, and the property appears in Block 12 or slock 13 if dhanged, or on an attachment with an address.						
SIGNATURE: WHICH AND TYPED OF PRINTED NAME OF BIGHING OFFICER OR DIRECTOR 194 196						

Daytime Phone #

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) For: Signature Page Only! FLORIDA DEPARTMENT OF STATE Sandra B. Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # Mailing Address Principal Place of Business SCC 10-30-96 3a. Date of Last Report 3. Date Incorporated or Qualified Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable \$8.75 Additional 21 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, 23 Country Country Yes No Zip Florida Statutes 30 29 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 82 85 Zip Code City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)13. OFFICERS AND DIRECTORS Addition Change 12. DELETE 11 TITLE TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1 4 CITY - ST - ZIP Addition Change CITY-ST-ZIP 21 TITLE DELETE TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY-S1-ZIP Addition Change CITY-ST-ZIP DELETE 31 TITLE TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CHTY-ST-ZIP Addition Change CITY - ST - ZIP DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP Addition Change CITY-ST-ZIF DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP Change Addition CITY-ST-ZIP DELETE 61 TITLE TITLE 6 2 NAME 6.3 STREET ADDRESS STREET ADDRESS supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I ated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if he director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and block 13 if changed, or on an attachment with an address. 14. I do hereby certify that the information further certify that the information indimade under oath; that yam an officer that my name appears in Black 12 or

OFFICER OR DIRECTOR

SIGNATURE: