

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 714649 (1)
1. Corporation Name
CAMELOT HALL CONDOMINIUM CORP., INC.



Principal Place of Business 4301 NW 16TH STREET LAUDERHILL FL 33313 US	Mailing Address 4301 NW 16TH STREET LAUDERHILL FL 33313-7103 US
--	---

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/24/1968	3a. Date of Last Report 10/30/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1320384	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAUDERHILL TEN MANAGEMENT CORP 4301 N.W. 16TH ST. LAUDERHILL FL 33313		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE ANDRE MORIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERTE, LALI		1.2 NAME 4321 NW 16 ST.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4321 NW 16TH ST.		1.3 STREET ADDRESS LAUDERHILL, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP LAUDERHILL FL 33313		1.4 CITY-ST-ZIP LAUDERHILL, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE JOAN-YVES LAIBERTE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VEILLEUX, PAUL		2.2 NAME 4321 NW 16 ST.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4321 NW 16TH ST.		2.3 STREET ADDRESS LAUDERHILL, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP LAUDERHILL FL 33313		2.4 CITY-ST-ZIP LAUDERHILL, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DESLAURIERS, MARC		3.2 NAME	
STREET ADDRESS 4321 NW 16TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERHILL FL 33313		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LESSNICK, MIMI		4.2 NAME	
STREET ADDRESS 4321 NW 16TH ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERHILL FL 33313		4.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERTRAND, LAJOIE		5.2 NAME	
STREET ADDRESS 4321 NW 16TH ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERHILL FL 33313		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (9/96)