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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714649 ✓
 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 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/24/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1320384 Applied For 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MORIN, ANDRE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIN, ANDRE	1.2 NAME	
STREET ADDRESS	4321 NW 16TH ST, C-204	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	
TITLE	DT MILLETTE, CLAUDE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLETTE, CLAUDE	2.2 NAME	
STREET ADDRESS	4321 NW 16TH ST, C-305	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	2.4 CITY-ST-ZIP	
TITLE	P DESLAURIERS, MARC <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, C-107	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	3.4 CITY-ST-ZIP	
TITLE	D LESSNICK, MIMI <input checked="" 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, C-208	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	4.4 CITY-ST-ZIP	
TITLE	VP BERTRAND, LAJOIE <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, C-211	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	

Beaurivage, Yvon
 4321 N.W. 16th ST #201
 Lauderhill, FL.

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 617, 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: *Lauderhill Ten Management* 05/28/99 954-733-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)