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Feb 20, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 763676
 1. Corporation Name
 FLORIDA CAMERATA, INC.

Principal Place of Business Mailing Address

% VIRGINIA S. DAVIDSON 210 WEST 89TH S. 4L NEW YORK NY 10024-1811 US

% VIRGINIA S. DAVIDSON 210 WEST 89TH S. 4L NEW YORK NY 10024-1811 US



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified

1. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 06/15/1982

2. City & State 27. City & State 4. FEI Number 13-3544059

3. Zip Country 28. Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

4. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

DAVIDSON, KATHERINE
 3951 CYPRESS LANDING WEST
 WINTER HAVEN FL 33884

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City FL 85. Zip Code

I, 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 Virginia S Davidson 7/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP DAVIDSON, VIRGINIA S. 210 W 9TH ST, 4L NEW YORK NY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	VPD DAVIDSON, JOHN L. 407 AVE. K. SE WINTER HAVEN FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	SD DAVIDSON, KATHERINE 3951 CYPRESS LANDING WEST WINTER HAVEN FL FL 33884	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	TD BRAGG, GEORGE W. 2613 BENBROOK BLVD. FT. WORTH TX	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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: SIGNATURE REQUIRED Virginia S Davidson 7/15/99 4960099
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/99)