

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F32453 (5)

1. Corporation Name
CAMELOT, INC.



Principal Place of Business

% BENNY VALLETTA
4541 N.E. 5TH AVENUE
POMPANO BCH. FL 33064

Mailing Address

% BENNY VALLETTA
4541 N.E. 5TH AVENUE
POMPANO BCH. FL 33064

3. Date Incorporated or Qualified 04/28/1981	3a. Date of Last Report 02/07/1995
4. FEI Number 59-2096894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALLETTA, BENNY
4541 N.E. 5TH AVENUE
POMPANO BCH. FL 33064

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLETTA, JOHN		1.2 NAME	
STREET ADDRESS	3007 LAKESHORE DR.		1.3 STREET ADDRESS	
CITY-STATE-ZIP	DEERFIELD BCH FL		1.4 CITY-STATE-ZIP	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLETTA, MICHELE		2.2 NAME	MICHELE VALLETTA
STREET ADDRESS	400 NE 48TH STREET		2.3 STREET ADDRESS	908 PRESSMANS HOME RD
CITY-STATE-ZIP	POMPANO BCH. FL		2.4 CITY-STATE-ZIP	ROGERSVILLE TENN 37857
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLETTA, BENNY		3.2 NAME	
STREET ADDRESS	4541 N.25TH AVE.		3.3 STREET ADDRESS	
CITY-STATE-ZIP	POMPANO BCH. FL		3.4 CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<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-STATE-ZIP			6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC - TREAS

Date

Daytime Phone #

CR2E034 (12/95)