

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



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

DOCUMENT # F32453

Corporation Name

CAMELOT, INC.

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90011 008 ***550.00



Principal Place of Business
BENNY VALLETTA
N.E. 5TH AVENUE
POMANO BCH. FL 33064

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

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
BENNY VALLETTA		26		04/28/1981	
N.E. 5TH AVENUE		Suite, Apt. #, etc.		4. FEI Number	
POMANO BCH. FL 33064		27		59-2096894	
City & State		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
VALLETTA, BENNY				81 Name	
4541 N.E. 5TH AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)	
POMPANO BCH. FL 33064				83	
				84 City	
				FL 85 Zip Code	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
SD VALLETTA, JOHN		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3007 LAKESHORE DR.		1.2 NAME			
DEERFIELD BCH FL		1.3 STREET ADDRESS			
ST-ZIP		1.4 CITY-ST-ZIP			
PD VALLETTA, MICHELE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
908 PRESSMANS HOME ROAD		2.2 NAME			
ROGERSVILLE TN		2.3 STREET ADDRESS			
ST-ZIP		2.4 CITY-ST-ZIP			
VP VALLETTA, BENNY		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4541 N.25TH AVE.		3.2 NAME			
POMPANO BCH. FL		3.3 STREET ADDRESS			
ST-ZIP		3.4 CITY-ST-ZIP			
		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME			
		4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME			
		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME			
		6.3 STREET ADDRESS			
		6.4 CITY-ST-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

9-2-99 1-423-272-7499

CR2E034 (5/99)