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## PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

## **FILED** Jan 23 1998 8:00am Secretary of State

DIVISION OF CORPORATIONS DOCUMENT # (7)F70415 CAMINO REAL DEVELOPMENT, INC. Principal Place of Business Mailing Address 46 VILLAGE RD 46 VILLAGE RD CLIFTON NJ 07013 CLIFTON NJ 07013 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1982 2. Principal Place of Business 2a. Mailing Address Applied For 59-2174812 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zin Country Zip Cauntry 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SMITH (BILL T.), JR. 1650 S. DIXIE HWY. Street Address (P.O. Box Number is Not Acceptable) 82 **BOCA RATON FL 33432** 83 84 City Zip Code 85 FL 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 DATE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE ☐ Change Addition TITLE 1.1 TITLE NAME PAOLUCCI, JOSEPH 1.2 NAME 3R2E034 46 VILLAGE RD STREET ADDRESS 1.3 STREET ADDRESS CLIFTON, NJ 00000 CITY-ST-ZIP 1.4 CITY - ST~ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if gripnged, or on an attachment, with an address.

SIGNATURE: