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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F94127 **DOCUMENT #**

(0)

HALLANDALE FL 33009

2. Principal Place of Business

SIGNATURE: 🛠

1. Corporation Name

CAMP NAVARAC, INC. Principal Place of Business Mailing Address % IRVING KARLITZ % IRVING KARLITZ 1950 S. OCEAN DR #15H HALLANDALE FL 33009 1950 S. OCEAN DR #15H

2a. Mailing Address



3a. Date of Last Report

01/31/1995

Applied For

3. Date Incorporated or Qualified

40 5670000

Date

Daytime Phone #

08/10/1982

4. FEI Number

**I					13-30/0020		N	lot Applicable										
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional lequired										
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees										
	Gountry 25	Z(p 29	Counti	у	8. This corporation has liability for in Florida Statutes	itangible tax u	nder s	199.032,										
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re		ent											
KARLITZ, IRVING 1950 S. OCEAN DR #15H				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)														
									HALLANDALE FL 33009			8:	83					
												L						
			8],		FLI		Code										
familiar with, a	agent, or both, in the state of had accept the obligations of, Si	orida. Such change was authorized in 607.0506, Florida Statutes	rea by the cor S.	poration's boar	alion submits this statement for the purp of of directors. I hereby accept the appoi	iose of changi ntment as reg	ng its re jistered i	gistered office agent. I am										
	ialure typed or pri led name o' registered a			ent signature required		DATE												
2.		AND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC													
`LF	PD	☐ DELETE	1. 1 TITLE				Change	Addition										
(M)	BLUM, ROBERT A		1.2 NAME															
REET ADDRESS	BOX 670, NA		1.3 STRÉI	T ADDRESS														
[Y-S]-7:P	S ORANGE, NJ 00000		1.4 CITY	ST-ZIP														
l F		☐ DELETE	2 1 TITLE				Change	Addition										
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i.F		☐ DELETE	6 17:TLE				hange	☐ Addition										
MF			6.2 NAME															
RELITADORESS			6 3 STREE	1 ADDRESS														
TY - ST - ZIP			6 4 CITY -	ST-ZIP														
 I do hereby ce certify that the oatn; that I am appears in Blo 	ertify that the information supplice e information indicated on this ar n an officer or director of the co ock 12 or Block 13 it changed, o	ed with this filing is voluntarily furn nnual report of supplemental ann regard on or the receiver or truste or afturn at the ment with an addr	nished and do nual report is to be empowered ress.	es not qualify for the and accurat to execute this	or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 607, Flor	7(3)(k), Florida ame legal effe ida Statutes;	Statute ot as if r and that	s. I further made under my name										

SIGNING OFFICER OR DIRECTOR