## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9700006472

Corporation Name

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CAMDEN INVESTMENTS, INC.

Principal Place of Business Mailing Address						I (SALIES IN 1871) 1841 8811 8811 8811	Marit Marit Maria attit atali 11	7018 1101 1001
			500 CAMDEN GLEN COURT DSWELL GA 30076					
					DO NOT WRITE IN THI		E IN THIS SPACE	
						3. Date Incorporated or Qualifed		•
						12/09/1997		
2. Principal Pl	ace of Business	2a. Mailing Ad	dress			4. FEI Number	Apr	plied For
21		26				58-2347166	<del></del>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certifcate of Status Desired	□ \$8.75 A Fee Rec	
City & State	<del></del>	City & Sta	te			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution Added to Fees		
Zip	Country Zip			Country	try  8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24	25 C	29	30	<u>u</u>		10. Name and Address of New Re		
	9. Name and Address of Curre	nt Registered Agen		81	Name	TV. Halle and Address of New No.	giotoi de 7 igoin	
BATO	CHELDER, DRAKE M							
W TRIPD COTT CONKUN CONTU					Street Add	dress (P.O. Box Number is Not Acceptab	(le)	1.
140 S.E. 6TH ST., 15TH FLOOR  ONLY						MAN, SENTER HITT &	DIBSON, III	<u>'</u> ——
FT. LAUDERDALE FL 33301					450	EAST LAS DLAS B	LVD.	
					City	FT. LANDERDAVE	FL 85 333	ode 01-2727
I office or re	egistered agent, or both, in the State	of Florida, Such ch:	ande was auth	iorized by	the corporat	poration submits this statement for the p tion's board of directors. I hereby accept	urpose of changing its the appointment as rec	registered gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 60	7.0505, Florida	a Statutes	3.			
SIGNATURE	Signature, typed or printed name of registered ag	est and title of applicable	/NOTE: De	mietorod Ann	ent signature requi	ired when reinstating)	DATE	{
12.		ND DIRECTORS	(11072.718	13.	an agricula requi	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12
TITLE	PCS		DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME			1.2 NAME					
STREET ADDRESS	CARLO CAMPITAL OF THE COLUMN			T ADDRESS	,		j	
	DO014771 04 00070			1.4 CITY-S	i i			}
CITY-ST-ZIP			2.1 TITLE	31-2JF		☐ Change	☐ Addition	
		_		2.2 NAME	1			
NAME				1	T ADDRESS		•	
STREET ADDRESS								
CITY-ST-ZIP			DELETE	2. 4 CITY- 3.1 TITLE	SI-ZIP		☐ Change	Addition
TITLE		<u> </u>	DECETE					
NAME				3.2 NAME				Ì
STREET ADDRESS					TADDRESS			j
CITY-ST-ZIP			DELET"	3.4. CITY-	ST-ZIP		Change	Addition
TITLE		L	) DELETE	41 TITLE			□ Griange	
NAME				4. 2 NAME			,	
STREET ADDRESS				43 STREE	ET ADDRESS			
CITY-ST-ZIP				4.4 CITY-	ST-ZIP			
TITLE			DELETÉ	5.1 TITLE			☐ Change	☐ Addition

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 anytial 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 copporation 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 with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

1-14-59

404-231-9600

Change

Addition

Daytime Phone #

**FILED** 

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90090 038 \*\*\*150.00

RSE034 (11/98)