

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 28 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G16019

(3)

1. Corporation Name

CAM-CO ENTERPRISES, INC.

Principal Place of Business

**23365 BOCA CHICA CIRCLE
BOCA RATON FL 33433**

Mailing Address

**23365 BOCA CHICA CIRCLE
BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/24/1982

3a. Date of Last Report

06/22/1994

4. FEI Number

59-2233504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEBLANC, LEO
23365 BOCA CHICA CIRCLE
BOCA RATON FL 33433**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 fee if applicable

(NOTE: Registered Agent signature required when maintaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	LEBLANC, LEO
STREET ADDRESS	23365 BOCA CHICA CRCL
CITY - ST - ZIP	BOCA RATON FL
TITLE	PD
NAME	HOULE, CAMILLE
STREET ADDRESS	23258 BOCA CHICA CRCL
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	V/D/S	☒ Change ☒ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP	33433	
5. TITLE		☐ Change ☒ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP	33433	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - 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: *Camille Houle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAMILLE HOULE 04-17-95 (305)392-6714

Date

Telephone #