

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G31543** (3)

1. Corporation Name  
**CAMINO REAL, INC.**



Principal Place of Business: **1755 N CONGRESS AVE. BOYNTON BEACH FL 33426**  
Mailing Address: **P.O. BOX 3869 BOYNTON BEACH FL 33426**

2. Principal Place of Business  
21 **1100 Linton Blvd**  
Suite, Apt #, etc. **Suite C-9**  
City & State **Delray Beach FL**  
Zip **33444** Country  
22 **Suite C-9**  
23 **Delray Beach FL**  
24 **33444** 25  
2a. Mailing Address  
26 **P.O. Box 4727**  
Suite, Apt #, etc.  
27  
City & State **Portsmouth NH**  
Zip **03802** Country

3. Date incorporated or Qualified **04/01/1983** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **NOT APPLICABLE** 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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CRITCHFIELD, RICHARD H.  
1745 N CONGRESS AVE  
BOYNTON BEACH FL 33426**  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1100 Linton Blvd**  
83 **Ste C-4**  
84 City **Delray Beach** 85 Zip Code **FL 33444**

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DS.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALSH, MICHAEL</b>	1.2 NAME	<b>walsh, Michael</b>
STREET ADDRESS	<b>1755 CONGRESS AVE.</b>	1.3 STREET ADDRESS	<b>1100 Linton Blvd Ste C-9</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	1.4 CITY-ST-ZIP	<b>Delray Beach FL 33444</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALSH, WILLIAM</b>	2.2 NAME	<b>walsh, William,</b>
STREET ADDRESS	<b>1755 N CONGRESS AVE.</b>	2.3 STREET ADDRESS	<b>One Cate St., Ste. 3</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	2.4 CITY-ST-ZIP	<b>Portsmouth, NH 03801</b>
TITLE	<b>DVT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>DVT. I</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALSH, MARK</b>	3.2 NAME	<b>walsh, Mark</b>
STREET ADDRESS	<b>1755 N CONGRESS AVE.</b>	3.3 STREET ADDRESS	<b>1100 Linton Blvd Ste C-9</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	3.4 CITY-ST-ZIP	<b>Delray Beach FL 33444</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Michael Walsh* 4/29/96 407 279 9900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL WALSH

CR2E034 (12/95)