



FILED

May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 01 1997 8:00am Secretary of State	
DOCUMENT # G92070 (3) 1. Corporation Name CAMP BROKERS, INC.					
Principal Place of Business 6200 SOUDEL DR P.O. BOX 6722 JACKSONVILLE FL 32219		Mailing Address 6200 SOUDEL DR P.O. BOX 6722 JACKSONVILLE FL 32219-3746 US		3. Date Incorporated or Qualified 03/20/1984	
2. Principal Place of Business		2a. Mailing Address		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2374370	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip Country		28. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. 25. Country		29. 30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CAMP, RICHARD E. 11870 HONEY LOCUST DR. JACKSONVILLE FL 32223				10. Name and Address of New Registered Agent	
				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 _____ (Type, print or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____ <input type="checkbox"/> DELETE			1.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____ <input type="checkbox"/> DELETE			1.2 NAME _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____ <input type="checkbox"/> DELETE			1.3 STREET ADDRESS _____		
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____ <input type="checkbox"/> DELETE			6.4 CITY- ST- ZIP _____		
14. I do 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 changed, or on an attachment with an address.					
SIGNATURE: _____ SIGNATURE REQUIRED _____ 4/23/97 904 281-2000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone _____					

CR2E034 (9/96)