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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name H79750 (6)

CAM OF PALM BEACH, INC.

| Principal Place of Business                | Mailing Address                            |  |  |  |
|--|--|--|--|--|
| 31 WEST 20TH ST.<br>RIVIERA BEACH FL 33404 | 31 WEST 20TH ST.<br>RIVIERA BEACH FL 33404 |  |  |  |

| : 1880   1844   1860   1861   1880   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   188 |                                       |  |  |  |  |  |  |  |  |
|--|---------------------------------------|--|--|--|--|--|--|--|--|
|  |                                       |  |  |  |  |  |  |  |  |
| Date Incorporated or Qualified   | 3a. Date of Last Report<br>06/26/1995 |  |  |  |  |  |  |  |  |

A BROKEN BAKK KORKE TOKU KOREL ONIK BOM OLOM BAKK BIDU ELEM DISH BIDIK ELEM DISH BIDIK

| 31 WEST ZOTH S          | 51.<br>FL 33404                           | RIVIERA BEACH FL 33404          |                 |  |  |                      |                         |                           |
|-------------------------|---|---------------------------------|-----------------|--|--|----------------------|-------------------------|---------------------------|
| HIVILIN OLDIOIT         | , • • • • • • • • • • • • • • • • • • •   |                                 |                 |  | <ol> <li>Date Incorporated or Qualified<br/>10/08/1985</li> </ol>              |                      | of Last Repo<br>26/1995 |                           |
| 2. Principal Place      | of Business                               | 2a. Mailing Address             |                 |  | 4. FEI Number  |                      |                         | plied For<br>t Applicable |
| z. Principal Flace<br>1 | GI DOJINGOS                               | 26                              |                 | 65-0055457   | /_   | \$8.75 A             |                         |                           |
| Suite, Apt. #, 6        | etc.                                      | Suite, Apt. #, etc.             |                 | 5. Certificate of Status Desired   | <b>₩</b>   | Fee Re               |                         |                           |
| 2                       | s '                                       |                                 |                 |  |  |                      | \$5.00                  | · <del>-</del>            |
| Oity & State            |   | City & State                    |                 |  | 6. Election Campaign Financing Trust Fund Contribution                         |                      | Added t                 |                           |
| ו ( י                   |   | 28                              |                 |  |  | r intangible ta:     | cunders 1               | 99.032                    |
| Zip Country             |   | Zip Cour                        |                 | ry  8. This corporation has liability for inlangible tax under s Florida Statutes Yes No |  |                      |                         |                           |
| i)                      | 25  | 29                              | 30              |  | 10. Name and Address of New  |                      | igent                   |                           |
|                         | 9. Name and Address of Cu                 | rrent Registereo Agent          |                 | 81 Name  |  |                      |                         |                           |
| A                       |   |                                 | Ĺ               | 1  | ress (P.O. Box Number is Not Accept  | able)                |                         |                           |
| C GILLICUDI             | DY C A IN                                 |                                 |                 | 82 Street Add  | ress (P.O. Box Number is Not Accept  |                      |                         |                           |
| 31 WEST                 |   |                                 | }               | 83   |  |                      |                         |                           |
| riviera B               | EACH FL 33404                             |                                 |                 |  |  |                      | 85 Zp                   | Code                      |
| ( coc.                  | LING)                                     |                                 |                 | 84 City  | oration submits this statement for the and of directors. I hereby accept the a | FL                   | .                       |                           |
| <u>=</u> -              | gratue, byled or ponted name of registers | Section 607,0505, Florida Statu | NO'L Registered | Agent signature reulie   | ed when real state git  ADDITIONS OHANGES TO C                                 | DATE<br>DELICERS AND | DIRECTOF                | 3S IN 12                  |
| 12.                     |   | S AND DIRECTORS                 | 13.             |  | ADDITIONS CHANGES TO C   | THOU TO THE          | 1 Change                | Addition                  |
| TITLE                   | PD  | ☐ DEL€1€                        | 1 1 11          |  |  | -                    | _                       |                           |
| NAME                    | MCGILLICUDDY, C.A. III                    | _                               | 12 N            |  |  |                      |                         |                           |
| STREET ADDRESS          | 1100 E. INDIANTOWN R                      | D.                              |                 | REET ADDRESS   |  |                      |                         |                           |
| CITY - ST - ZIP         | JUPITER FL                                | ED DOLLET                       | 2 1 [           | TV - S1 - ZIP  |  |                      | Change                  | Add-tion                  |
| TITLE                   |   | ☐ DELETE                        | 2 2 N           | l  |  |                      |                         |                           |
| NAME                    |   |                                 | ·               | IREET ADORESS  |  |                      |                         |                           |
| STREET ADDRESS          |   |                                 |                 | ITY-ST-ZIP   |  |                      |                         |                           |
| CITY - ST - ZIP         |   | [] DELETE                       | 3 1 1           |  |  |                      | Change                  | Addition                  |
| TITLÉ                   |   |                                 | 32 N            |  |  |                      |                         |                           |
| NAME                    |   |                                 |                 | STREET ADDRESS   |  |                      |                         |                           |
| STREET ADDRESS          |   |                                 |                 | ity - St - Zip   |  | <u>-</u>             | <u> </u>                | D Add Son                 |
| CITY - ST - ZIP         |   | DELETE                          | 4.1             |  |  |                      | Change                  | Add tion                  |
| TITLE                   |   | <del></del>                     | 421             | AME  |  |                      |                         |                           |
| NAME<br>OFFICE ADODESE  |   |                                 | 435             | STREET ACCRESS   |  |                      |                         |                           |
| STREET ADDRESS          |   |                                 |                 | CITY - ST - ZIP  |  |                      | Change                  | Addition                  |
| CITY-ST-ZIP<br>TITLE    |   | DELETE                          | 5 1             | TiTLE  |  |                      | ☐ Grande                | LI Made                   |
| NAMÉ                    |   |                                 | 5.23            | NAME   |  |                      |                         |                           |
| STREET ADDRESS          |   |                                 | 5.3             | STREET ADDRESS   |  |                      |                         |                           |
| CITY-ST-ZIP             |   |                                 |                 | CITY - S1 - ZIP  |  |                      | Change                  | Addition                  |
| UIT-51-2IF              |   | DELETE                          | 6 1             | Titut  |  |                      | L. 59°                  |                           |

STREET ADDRESS 14. Unit-st-cir.

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 carrily that I am an officer or director of the corporation of the receipt or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 3 if charged or on a glassyment with an address

€ 2 NAME

5.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME