SECOND Amount due	NOTICE: CORPORATION WILL BE D ON OR BEFORE 8/7/96: \$225 (IF DISSOL	ISSOLVED ON OR AFTER A	UGUST 7, 1996. To reinstate: \$375.)		
PROFIT FLORIDA DEPARTA CORPORATION Sandra B. I ANNUAL REPORT Secretary 1996 DIVISION OF CO			MENT OF STATE Mortham of State		
DOCUMENT # J60008 (6)					
CAMP PINEWOOD, INC.				A MARTINA ARKA ARKIN DARRI ARKIN ARKIN ARKIN	l kāra didak didak didak didak didak debah didak deba
Principal Plac	e of Business	Mailing Address		-	
11150 NW 33RD ST \$\mathref{y} \text{ JACK LEVINE} \text{ \$\mathref{y} \text{ JACK LEVINE} \text{ CORAL SPRINGS FL 33065} \text{ CORAL SPRINGS FL 33065}			5	Date Incorporated or Qualified 03/02/1987	3a. Date of Last Report 01/19/1995
2. Principal Place of Business 21. CAMP PINEWOOD INC. 26. CAMP PINE			EWOOD	4. FEI Number 59-2781019	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 300 ORR'S CAMP RD. 27 300 ORR'S CA			CAMO RO	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	RSONVILLE, N.C.	City & State 28 HENDERSONVI	LE, N.C.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 38	792 Country 25 U.S. A.	Zip	Country 0 U.S.A.	This corporation has liability for Florida Statutes	
1 6	Name and Address of Current R NAME IACK	legistered Agent	B1 Name	10. Name and Address of New Re	
LEVINE, JACK 11150 NW 33RD ST		82 Street Addre	ess (P.O. Box Number is Not Acceptal	ole)	
	ORAL SPR FL 33065		83		
11 Dureuget t	to the provisions of Coation Co. Taxon		84 City		FL 85 Zip Code
agent lar	to the provisions of Sections 607,0502 a egistered agent or both, in the State of I m familiar with, land accept the poligatio	rio 607, 1506, Florida Statules, Florida Such change was auth ns of, Section 607,0505, Florid	trie above-named corpo iorized by the corporatio la Statutes	ration submits this statement for the pin's board of directors. I hereby accept	t the appointment as registered
SIGNATURE	Signature hypodior project name of regulared agent an		degetered Agent signature require		6/15/86
TITLE	OFFICERS AND D	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
NAME CARSET ABORGO	LEVINE, JACK		1.2 NAME		CERS AND DIRECTORS IN 12 (96) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
STREET ADORESS CITY-ST-ZIP	300 ORRS CAMP RD HENDERSONVILLE NC		1.3 STREET ADDRESS 1.4 CITY+ST-ZIP		2E0
TITLE	D	DELFTE	2 1 TITLE		Change Addition 5
NAME Street Address	LEVINE, RONALD 11150 NW 33 ST		2.2 NAME 2.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL SPR FL		2 4 CITY - ST - ZIP		
TITLE NAME		DELETE	3 1 TiTLE		Change Addition
STREET ADDRESS			3 2 NAME 3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		Delete	34 CITY-ST-ZIP		
NAME		∐ DELETE	4.1 TIFLE 4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZiP		
NAME		DETELE	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5 4 CHTY - ST - ZIP 6 1 TITLE		
NAME		L Dettile	6 2 NAME		Change Addition
STREET ADDRESS			6 3 STREET ADDRESS		
CITY - ST - ZIP	y certify that the information supplied wi	th this filma is voluntarily furnis	64 CHY-S1-7/P	for the exemption stated in Cost	10.67/2VL) Fig.: de Com
made unde	or nath, that I am an officer obdirector of	the corporation or the receive	il annual report is true an	discourate and that my discours about	li benina sana ana ana ana ana anta ana anta ant
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 617, Florida Statutes, and that my name appears in Block 12 or Blyck 13 if changers or on an attachment with an address.					
SIGNATURE: Korald Journa KONALD LEVINE 6/15/96 704 693-6339					