SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) Profit FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** J65686 CAMELOT WEST APARTMENTS, INC. Principal Place of Business Mailing Address 3333 NE 38TH STREET 3333 NE 38TH STREET FT. LAUDERDALE FL 33308 FT, LAUDERDALE FL 33308 3a. Date of Last Report 3. Date Incorporated or Qualified 04/06/1987 08/08/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0001581 Not Applicable 26 21 \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 **\$5.00** May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s 199.032 Zip Country Country Zip Yes 🖊 No Fiorida Statutes 30 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PETRECCIA, MARTINO Street Address (P.O. Box Number is Not Acceptable) 3333 NE 38TH STREET FT. LAUDERDALE FL 33308 83 City Zip Code 84 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. Thereby accept the appointment as registered agent, and accept the obligations of faction 607,0505, Florida Statutes. d agrif and tille it applicable KC SIGNATURE signature required when releastating? ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1 1 TITLE THLE PD CR2E034 1.2 NAMI PETRECCIA, MARTINO NAME 13 STREET ADDRESS 1401 UNIVERSITY DR STREET ADDRESS **CORAL SPRINGS FL** 1.4 CiTY - ST- 7IP CITY - ST - ZIP Change Addition DELETE 2 1 TITLE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City - S1 - ZiP CITY-ST-ZIP ____ Change ____ Addition DELETE 3 1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 City - ST - ZIP City-St-7iP Change Addition DELETE 41 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CHY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 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 1 turther 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 617. Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachinest with an address 6 4 CITY - S1 - ZIP popular

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR