FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90045 048 ***150.00

DOCUMENT # J65686	
DOCCINICIA II JOSOOC	,

CAMELOT WEST APARTMENTS	, INC.
Principal Place of Business	Mailing Address
3333 NE 38TH STREET FT. LAUDERDALE FL 33308	3333 NE 38TH STREET FT. LAUDERDALE FL 33308
2. Principal Place of Business	2a. Mailing Address
21	26
¬	<u> </u>
Suite, Apt. #, etc.	26
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
Suite, Apt. #, etc. City & State	26 Suite, Apt. #, etc.
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc. 27 City & State

9. Name and Address of Current Registered Agent

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DO NOT WRITE IN THIS SPA	CE
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Applied For

Fee Required \$5.00 May Be

Added to Fees

□No

Yes

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

04/06/1987 4. FEI Number

65-0001581

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ргт	DECCIA MADTINO	81	Name							ļ
1	reccia, martino B ne 38th street	82	Street A	ddress (P.O. Bo	x Number is N	lot Acceptable)	,		
	AUDERDALE FL 33308	83								
, , ,	PARTITURE 1 F 00000	03								
		84	City				FL	85 Zir	Code	
					!- !- :t-t	ant for the pur		obonging i	te roais	tored
l office or re	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the egistered agent, or both, in the State of Florida. Such change was authorize in familiar with, and accept the obligations of, Section 607.0505, Florida St	zed by t	-named c he corpor	orporation subm ration's board of	its this statem directors. I he	reby accept th	ie appoin	itment as	registe	red
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe	ared Agent	sionature rec	quired when reinstating	<u> </u>		DATE			_
12.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.				ES TO OFFIC	ERS AN	D DIRECT	ORS I	N 12
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STREET ADORESS	5.3	3 STREET	ADDRESS							
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14. I 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 adverse, with a bother like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP