## 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

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90212 040 \*\*\*150.00

## DOCUMENT # J74160

ORCAM CORPORATION

	CORPORATION					
Principal Place	e of Business	Mailing Address				
% GARTH WOO 1326 NORTH O	% GARTH WOOD 1326 NORTH OCEAN BL	VD.			DO NOT WRITE IN THIS SPACE	
PALM BEACH F	FL 33480	PALM BEACH FL 33480				3. Date Incorporated or Qualifed
			_			05/22/1987
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Apr lied For
21		26				59-2836503 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifc ate of Status Desired \$8.75 A tditional
22		27	_			5. Certificate of Status Desired Fee Required
City & Stat	е	City & State	_			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Cour try	Zip	Cou	intry		8. This corporation owes the current year intangible
24	[25]	29	30	•		Persor al Property Tax.
	9. Name and Address of Curren		. 15.51			10. Name and Address of New Registered Agent
WOOD, GARTH				81	Name	
1326 NORTH OCEAN BLVD.				82	Street Ac	dress (P.O. Box Number is Not Acceptable)
PALM BEACH FL 33480				83		
יטריד	W DENOTT LE 33400					
				84	City	FL 85 Zip C xde
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligations.	2 and 607.1508, Florida Sta cf Florida. Such change was tions of, Section 607.0505, F	tutes, the a s authorized Drida Stat	bove d by utes	named or the corpora	rporation submits this statement for the purpose of changing its registered ition's board of directors. I hereby accept the appointment as registered
SIGNATUFE						ired when reinstalinn) DATE
	Signature, typed or printed name of registered ager	- <del></del>		d Agen	t signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ID DELETE	13.	m c		Change Addition
TITLE	PD	Detere				
NAME	WOOD, GARTH		1.2 N		7	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	1020 11011111 00				ADDRESS	
CITY-ST-ZIP	PALM BEACH FL			ITY-S	T- ZIP	Change ☐ Addition
TITLE		☐ DELETE	2.1 T	ITLE		
NAME			2.2 N	AME	1.	ATTE
STREET ADDRESS			2.3 5	TREET	ADDRESS	
CITY-ST-ZIP			2.40	CITY-S	T-ZIP	
TITLE		☐ DELETE	3.1 T	ITLE		Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP				CITY-S	1	
TITLE		☐ DELETE	4.1 T			Change Addition
NAME			4 21	NAME		

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 address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

63 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

13 414c

999.

Daytime Phone #

Change

Change

☐ Addition

Addition

R2E034 (11/98)