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Jan 21 1997 8:00am
Secretary of State

PROFIT* CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L55980 (1)
 1. Corporation Name
CAMBAY CORP.



Principal Place of Business Mailing Address
% CLARENCE J. JESSUP, III
762 BIG TREE DR., #108
LONGWOOD FL 0
US
% CLARENCE J. JESSUP, III
762 BIG TREE DR., SUITE 108
LONGWOOD FL 32750-3514
US

3. Date Incorporated or Qualified **03/06/1990** 3a. Date of Last Report **04/16/1996**
 4. FEI Number **59-3024939** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **910 WATERWAY PLACE** 26 **910 WATERWAY PLACE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 **LONGWOOD, FL** 28 **LONGWOOD, FL**
 Zip Country Zip Country
 24 **32750** 25 **US** 29 **32750** 30 **US**

9. Name and Address of Current Registered Agent
JESSUP, CLARENCE J., III
762 BIG TREE DR., #108
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
 81 Name **JESSUP, CLARENCE J., III**
 82 Street Address (P.O. Box Number is Not Acceptable) **910 WATERWAY PLACE**
 83
 84 City **LONGWOOD** FL 85 Zip Code **32750**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title, if applicable.

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	JESSUP, CLARENCE J., III
STREET ADDRESS	762 BIG TREE DR., #108
CITY - ST - ZIP	LONGWOOD FL
TITLE	V <input type="checkbox"/> DELETE
NAME	UNSWORTH, JAMES H.
STREET ADDRESS	762 BIG TREE DR., #108
CITY - ST - ZIP	LONGWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JESSUP, CLARENCE J., III
1.3 STREET ADDRESS	910 WATERWAY PLACE
1.4 CITY - ST - ZIP	LONGWOOD, FL 32750
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	UNSWORTH, JAMES H.
2.3 STREET ADDRESS	910 WATERWAY PLACE
2.4 CITY - ST - ZIP	LONGWOOD, FL 32750
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Clarence Jessup AS President 1-10-97 407 332-7574
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)