FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS** L78086 (0)DOCUMENT # CAMELOT REALTY GROUP, INC. Principal Place of Business Mailing Address % THOMAS G. ROTTINGHAUS % THOMAS G. ROTTINGHAUS 885 SE 47TH TERR 885 SE 47TH TERR CAPE CORAL FL 33904 CAPE CORAL FL 33904 3. Date Incorporated 06/06/1990 3a. Date of Last Repo 04/07/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 65-0207267 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 25 30 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROTTINGHAUS, THOMAS G. Street Address (P.O. Box Number is Not Acceptable) 82 909 S.E. 46TH LANE **UNIT 105** R3 CAPE CORAL FL 33904 City 85 Zip Code FL 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TIDE Change Addition ROTTINGHAUS, THOMAS G. 12 NAME CR2E034 909 S.E. 46TH LANE, UNIT 105 STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL CHTY - ST - ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CiTY-ST-ZIP 2.4 CITY - ST - ZIP

CITY-SI-ZIF 4.4 CITY-ST-ZIP THUE DELETE ☐ Change 5 1 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - \$1 - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS DITY-ST-7/P 6.4 CITY - ST-ZIP

3 1 TITLE

32 NAME

4.1 TITLE

4.2 NAME

3.3. STREET ADDRESS

4 3 STREET ADDRESS

3.4 CiTY-ST-ZiP

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 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 or private, or on an attachment with an address.

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12.

TITLE

NAME

TIFLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

Change

Change

Addition

Addition

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