

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M49809 (0)

1. Corporation Name
CAMBER ENTERPRISES, INC.



Principal Place of Business
**6915 NE 3RD AVE
MIAMI FL 33138
US**

Mailing Address
**6915 NE 3RD AVE
MIAMI FL 33138
US**

3. Date Incorporated or Qualified **04/06/1987** 3a. Date of Last Report **04/20/1995**

4. FEI Number **59-2809240** 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
21 []
22 Suite, Apt. #, etc. []
23 City & State []
24 Zip [] 25 Country []

2a. Mailing Address
26 []
27 Suite, Apt. #, etc. []
28 City & State []
29 Zip [] 30 Country []

9. Name and Address of Current Registered Agent

**TRENCH, SUSAN
GOLDSTEIN & TANNER
1 BISCAYNE TOWER #3250
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name []
82 Street Address (P.O. Box Number is Not Acceptable) []
83 []
84 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or officer or director with authority

Name of registered agent or officer or director

Date

12. OFFICERS AND DIRECTORS

1	<input type="checkbox"/> DELETE	1	11 TITLE
NAME	D WINSTON, JOHNSON	2	12 NAME
STREET ADDRESS	527 S. 24 AVE	3	13 STREET ADDRESS
CITY - ST - ZIP	HOLLYWOOD FL	4	14 CITY - ST - ZIP
2	<input type="checkbox"/> DELETE	5	21 TITLE
NAME		6	22 NAME
STREET ADDRESS		7	23 STREET ADDRESS
CITY - ST - ZIP		8	24 CITY - ST - ZIP
3	<input type="checkbox"/> DELETE	9	31 TITLE
NAME		10	32 NAME
STREET ADDRESS		11	33 STREET ADDRESS
CITY - ST - ZIP		12	34 CITY - ST - ZIP
4	<input type="checkbox"/> DELETE	13	41 TITLE
NAME		14	42 NAME
STREET ADDRESS		15	43 STREET ADDRESS
CITY - ST - ZIP		16	44 CITY - ST - ZIP
5	<input type="checkbox"/> DELETE	17	51 TITLE
NAME		18	52 NAME
STREET ADDRESS		19	53 STREET ADDRESS
CITY - ST - ZIP		20	54 CITY - ST - ZIP
6	<input type="checkbox"/> DELETE	21	61 TITLE
NAME		22	62 NAME
STREET ADDRESS		23	63 STREET ADDRESS
CITY - ST - ZIP		24	64 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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21	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the 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: *Winston Johnson* **Winston Johnson 03/11/96** **(305) 756-7960**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)