

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Shirley B. McChesney
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04578

(1)

1. Corporation Name

CAMVIC CORPORATION

Principal Place of Business

**5576 BRIDGETOWN RD.
CINCINNATI OH 45248**

Mailing Address

**5576 BRIDGETOWN RD.
CINCINNATI OH 45248**

2. Principal Place of Business

21 Subj. Apt. #, etc.

22 City & State

23 Zip Country

24 Country

2a. Mailing Address

26 Subj. Apt. #, etc.

27 City & State

28 Zip Country

29 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL **85** Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(4), 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. The registry agent at the appointment as registered agent, I am familiar with and accept the obligation of Sections 607.06(2) and 607.15(4).

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD	[] DELETE
NAME	BOMMER, RONALD J.	
STREET ADDRESS	5576 BRIDGETOWN RD.	
CITY, ST, ZIP	CINCINNATI OH	
TITLE	SD	[] DELETE
NAME	FAY, EDWIN F.	
STREET ADDRESS	5390 TIMBERCHASE CT	
CITY, ST, ZIP	CINCINNATI OH	
TITLE	VD	[] DELETE
NAME	BOMMER, CAMERON M.	
STREET ADDRESS	5576 BRIDGETOWN RD.	
CITY, ST, ZIP	CINCINNATI OH	
TITLE	D	[] DELETE
NAME	LONG, KELLY J.	
STREET ADDRESS	1441 GRAYMONT CT.	
CITY, ST, ZIP	CINCINNATI OH	
TITLE	D	[] DELETE
NAME	BOMMER, RONALD J. II	
STREET ADDRESS	447 PROSPECT STREET	
CITY, ST, ZIP	SOUTH ORANGE N.	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	
10. STREET ADDRESS	
11. CITY, ST, ZIP	
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
15. NAME	
16. STREET ADDRESS	
17. CITY, ST, ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

14. I hereby certify that the information supplied with this annual report is true and correct, 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, and the rules or further regulations I have established, except as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if it is a change. I am an agent or authorized with an attorney.

SIGNATURE:

Shirley B. McChesney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 513 574 1026

CR2E034 (12/95)