FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(1)

CAMVIC CORPORATION

Principal Place of Business

Mailing Address

FILED Feb 16 1998 8:00am Secretary of State



2-2-98

\$578 BRIDGETOWN RD. CINCHINATI OH 45248		5576 BRIDGETOWN RD. CINCINNATI OH 45248		DO NOT WRITE IN THIS SPACE				
					 Date Incorporated or Qualified 01/04/1985 			
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	_ A	pplied For		
21		26		31-0616301	N	ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Country		8. This corporation owes or has paid			
25 25 25 25 25 25 25 25 25 25 25 25 25 2			30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM B1 Name Name Name Name Name Name Name								
	00 S. PINE ISLAND ROAD							
	NTATION FL 33324		82	Street	Address (P.O. Box Number is Not Acceptable	e)		
10	111711VII I L VVV67		83	 				
			L			·····		
			84	City		FL 85 Zip	Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named cornoration 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 typed or printed nanie of registered agent and titled applicable (NOTC Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	DELETE	1.1 TITLE		Chairman - Director	X Change	Addition	
NAME	BOMMER, RONALD J.		1.2 NAME				ļ	
STREET ADDRESS	5576 BRIDGETOWN RD.		1.3 STREET	ADDRESS			į,	
CITY-ST-ZIP	CINCINNATI OH		1.4 CITY-5	ST - ZIP				
TITLE	80	DELETE	2.1 THILE			☐ Change	Addition	
NAME	FAY, EDWIN F.		2.2 NAME					
STREET ADDRESS	5390 TIMBERCHASE CT		2.3 STREET	ADDRESS				
CITY-ST-ZIP	CINCINNATI OH		2.4 CITY-	ST-ZIP	_			
TITLE	VD CAMEDON A	☐ DELETE	3.1 TITLE		President - Director	X Change	Addition	
NAME	BOMMER, CAMERON M.		3.2 NAME	1				
STREET ADDRESS	5576 BRIDGETOWN RD.		3 3 STREET					
City-ST-ZIP	CINCINNATI OH	X DELETE	3.4. CITY-	ST-ZIP	Discontinuity	10	Visaress	
TITLE	LONG, KELLY J.	E DETET	4.1 TITLE		Director	☐ Change	X Addition	
NAME CTOSET ADDRESS	1441 GRAYMONT CT.		4. 2 NAME 4.3 STREET ADDRESS		Long, Dennis L.			
STREET ADDRESS	CINCINNATI OH				5568 Lake Michigan Fairfield, Ohio 45014			
CITY-ST-ZIP TITLE	D	DELETE	4.4 CiTY - S 5.1 TITLE	1-211	railitetu, Unio 45014	☐ Change	Addition	
NAME	BOMMER, RONALD J. II		5.2 NAME]		பெள்ளும்		
STREET ADDRESS	447 PROSPECT STREET		5.3 STREET	ADDRESS				
CITY-SI-ZIP	SOUTH ORANGE N.		5.4 CITY - S					
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME		_	6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			64 CITY-S	- 1				
14. I hereby co	ertify that the information supplied w	ith this filing does not qualify for	the exemp	tion state	d in Section 119.07(3)(i), Florida Statutes. I fu	irther 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 13 if changed, or on an attachment with an address.								