

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90240 039 ***163.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000006002**

1. Corporation Name
CAMELOT GARDENS, INC.



Principal Place of Business 476 SW DOLORES AVE PORT ST LUCIE FL 34983 US	Mailing Address 106 NE TWYLITE TERR PORT ST. LUCIE FL 34983 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 476 S.W. Dolores Ave		2a. Mailing Address 26 476 S.W. Dolores		3. Date Incorporated or Qualified 01/14/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0465495	
City & State 23 Port St Lucie, FL		City & State 28 Port St Lucie, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34983		Zip 29 34983		Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 AMERICA		Country 30 AMERICA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHANDRADATT, BEEBEE K 106 N.E. TWYLITE TERRACE PORT ST. LUCIE FL 34983				10. Name and Address of New Registered Agent	
81 Name BACCHUS, DUANE N.				82 Street Address (P.O. Box Number is Not Acceptable) 476 S.W. DOLORES AVE	
83				84 City Port St. Lucie, FL	
				85 Zip Code 34983	

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 **BACCHUS, DUANE** *Qua Bacchus PS* **02/10/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHANDRADATT, BEEBEE K		1.2 NAME BACCHUS, DUANE N.	
STREET ADDRESS 106 N.E. TWYLITE TERRACE		1.3 STREET ADDRESS 476 S.W. DOLORES AVE.	
CITY-ST-ZIP PORT ST LUCIE FL 34983		1.4 CITY-ST-ZIP PORT ST LUCIE, FL. 34983	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BACCHUS, DUANE N		2.2 NAME	
STREET ADDRESS 698 AVENS AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP PORT ST LUCIE FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Qua Bacchus PS* **2/10/99** (561) 3410-7409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)