

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # P94000033401 (8)

1. Corporation Name
CAMIO INVESTMENT INTERNATIONAL, INC.



Principal Place of Business 609 THORNWOOD LANE ORANGE PARK FL 32073	Mailing Address 609 THORNWOOD LANE ORANGE PARK FL 32073
----------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 775 CREIGHTON ROAD Suite, Apt. #, etc.		2a. Mailing Address 26 775 CREIGHTON ROAD Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/28/1994	
22 City & State 23 ORANGE PARK FL		27 City & State 28 ORANGE PARK FL		4. FEI Number 59-3241356 Applied For <input type="checkbox"/> Not Applicable	
24 Zip 32073		25 Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 32073		30 Country U.S.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DUNCAN, STEVE 609 THORNWOOD LANE SUITE 102 ORANGE PARK FL 32073				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DUNCAN, STEVE 609 THORNWOOD LANE SUITE 102 ORANGE PARK FL 32073				10. Name and Address of New Registered Agent			
81 Name TOM McLEAN		82 Street Address (P.O. Box Number is Not Acceptable) 4503 IRVINGTON AVE.		83 SUITE 6			
84 City JACKSONVILLE		85 State FL		86 Zip Code 32210			

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 *Tom McLean* **TOM McLEAN** DATE _____
Signature, type or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P DUNCAN, STEVE	1.2 NAME	
STREET ADDRESS	609 THORNWOOD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPT DUNCAN, SHERRY	2.2 NAME	
STREET ADDRESS	609 THORNWOOD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK 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.

SIGNATURE *Sherry Duncan* **Sherry Duncan** **2-11-98**

CR2E034 (10/97)