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

PROFIT CORPORÀTION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

P94000046141 (5)

2a. Mailing Address

DOCUMENT # 1. Corporation Name CAMFAM, INC.

2. Principal Place of Business

Principal Place of Business Mailing Address

11415 S. DIXIE HWY
SUITE 200
MIAMI FL 33156

MIAMI FL 33156

Miami FL 33156

FILED Feb 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified

06/16/1994

4. FEI Number

City & State City & State City & State City & State City & State City & State City & State Country St. DM way 86 Added to Peas St. DM	21		26				<u> </u>	N	ot Applicable
City & State City & State City & State City & State City & State City & State City & State Country St. DM way 86 Added to Peas St. DM	Suite, Apt.	#, etc.		ot. #, etc.			5. Certificate of Status Desired		
Zip Country Zip		e	City & St	ate			6. Election Campaign Financing	\$5.00	May Be
Zip Country Zip Country Zip Country Age Personal Property Tax due June 20.	23		28		_				
BROWN, RICHARD CPA 322-9-50WE-HIGHWAY 9785-5JMSET 07 SUITE 969 7 75 MIAMI FL 3656 33173 - 3314 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 agent, or bit, in the State of Priofds. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or bit, in the State of Priofds. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or bit, in the State of Priofds. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or bit, in the State of Priofds. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or bit, in the State of Priofds. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or bit, in the State of Priofds. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or bit, in the State of Priofds. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I have a corporation's board of directors. I hereby accept the appointment as registered agent. I have a corporation's board of directors. I hereby accept the appointment as registered agent. I have a corporation submits this statement for the purpose of changing its registered agent. I have a corporation's board of directors. I hereby accept the appointment as registered agent. I have a corporation's board of directors. I hereby accept the appointment as registered agent. I have a corporation's board of directors. I hereby accept the appointment as registered agent. I have a corporation's board of directors. I hereby accept the appointment as registered agent and the purpose of changing its registered agent and the purpose of	Zip	Country	Zip		Country	,	8. This corporation owes or has paid th	ne current year in	tangible
BROWN, RICHARD CPA 3289 5 SIMSE HIGHWAY SUITE 989	24				0				No
BRUWN, PILCHARID LAND SUITE 969	,	9. Name and Address of Curre	nt Registered Age	ent			10. Name and Address of New Regist	ered Agent	
SUITE 969 A 195 MIAMI FL 30156 33173 - 3314 B3 B4 City FL 85 Zip Code 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 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, 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, 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, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Plorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both and accept the objectives and the supplies and the						Name			
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NOTE Signature, speak or printed sparse and titled appellable.	office or re agent. I a	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, F e of Florida. Such o atlons of, Section (Florida Statutes change was aut 607.0505, Florid	, the above thorized by da Statutes	e-named corp the corporati s.	oration submits this statement for the purp- ion's board of directors, I hereby accept th	ose of changing it e appointment as	ts registered registered
TITLE	SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: F	Registered Age	ent signature require	ed when reinstating)	IATE	
NAME RONANO, LOU 12 NAME 13 STREET ADDRESS 16259 S.W. 78TH AVE 13 STREET ADDRESS 14 CITY-ST-ZIP MIAMI FL 33157 15 Change Addition	12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
STREET ADDRESS 16259 S.W. 78TH AVE	TITLE	Р		DELETE	1.1 TITLE			☐ Change	Addition
CITY-ST-ZIP	NAME	RONANO, LOU			12 NAME	ļ			
DELETE DELETE 2.1 TITLE Change Addition	STREET ADDRESS	16259 S.W. 78TH AVE			1.3 STREET	ADDRESS		•	
NAME STREET ADDRESS SOP SUNRIDGE ROAD 22 STREET ADDRESS CITY-ST-ZIP TITLE ST	CITY-ST-ZIP	MIAM! FL 33157			1.4 CITY- <u>S</u>	T-ZIP			
STREET ADDRESS SOP SUNRIDGE ROAD 2.9 STREET ADDRESS	TITLE	V		DELETE	2,1 TITLE			☐ Change	Addition
CITY - ST - 2IP	NAME	INGERSOLL, TOM			2.2 NAME				
DELETE	STREET ADDRESS	809 SUNRIDGE ROAD			2.3 STREET	ADDRESS			
NAME	CITY-ST-ZIP	FAIRLAWN OH 44333			2. 4 CITY~S	ST-ZIP			
STREET ADDRESS 165 S. MCCADDEN PL. 3.3 STREET ADDRESS		ST		DELETE	3.1 TITLE			Change	Addition
CITY-ST-ZIP	NAME	MILLER, RICHARD			3.2 NAME)			
DELETE	STREET ADDRESS	165 S. MCCADDEN PL.			3.3 STREET	ADDRESS			
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	NAME]				6.2 NAME				
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADORESS				6.3 STREET	ADDRESS			
	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	14. I hereby c	ertify that the information supplied w	ith this filing does	not qualify for t	he exempt	tion stated in S	Section 119.07(3)(i), Florida Statutes. I furth	er 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: MANAGE RECTOR TO GOSCI

January 19, 1998 305 8E18482