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



The state of the s

FILED
Apr 21 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State DIVISION OF CORPORATIONS			Apr 21 1997 8:00am Secretary of State	
1	D. CAMERON, INC. e of Business EAS HIGHWAY 30.7	Mailing Address P.O. BOX 239 BIG PINE KEY FL 33043		3. Date Incorporated or Qualified 3a, Date of Last Report
21 3067 Suite, Apt 22 City & State 23 B16 P	ING KEY FL	Sulte, Apt. #, etc. 27 City & State 28 BIG PINE KG	Y, FL Country	08/23/1994 4. FEI Number 65-0513827 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032,
CAM 306 P.O. BIG	9. Name and Address of Curr MERON, JAMES D. 77 OVERSEAS HIGHWAY BOX 430239 PINE KEY FL 33042	ent Registered Agent	81 Name 82 Street / 83 / 84 City	Florida Statutes Yes No 10. Name and Address of New Registered Agent CAMERON, TAMES D. Address (P.O. Box Number is Not Acceptable) 306-77 OVERSEAS HIGHWAY P.O. BOX 430239 BIG PINE KEY FL 85 Zip Code 3 330 43 corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered i		Registered Agent signature	DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D CAMERON, JAMES D. 30677 OVERSEAS HIGHWAY
CITY-ST-ZIP TITLE NAME STREET ADDRESS	BIG PINE KEY FL 33043	☐ DELETE	1.4 C(TY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	BIG PINE KGY, FL 33043
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CHY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addiliu
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition

The interpolation 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.

(305)872-759A