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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000087676	(0)
<ol> <li>Corporation Name</li> </ol>		

CAM FUNDS, INC.

.....

Mailing Address



P. O. BOX 231182 JACKSONVILLE FL 32241-3182		P. O. BOX 231182 JACKSONVILLE FL 322	P. O. BOX 231182 JACKSONVILLE FL 32241-3182					
					3. Date Incorporated or Qualified 12/01/1994	3a. Date of 04/1	Last Re 1/199	
2. Principal Plac	co of Business	2a. Mailing Address			4. FEI Number	- 4	A	pplied For
2. FIIICIDAITIAN 1	,e or pasitiosa	26			-APPLIED FOR 59-1	330 <i>1474</i>	$\prod_{N}$	oldsollage
Suite, Apt. #,	, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional tequired
Z  City & State		City & State			Election Campaign Financing     Trust Fund Contribution		•	May Be I to Fees
<b>3</b> Zip	Country	Zip	Goun	try	8. This corporation has liability for Florida Statutes		nder s	199.032
4	25 g. Name and Address of Cur	rant Peristered Agent	1301		10. Name and Address of New I	Registered Ag	ent	
	g, Name and Address of Con	Tent negistered Agent		31 Name				
SILVERB	ERG, RANDALL J		Į.	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	ACH BOULEVARD		1	33		<del></del>		
SUITE 3	NVILLE FL 32207		ļ,	<u> </u>		<del>-</del>	85 Zip	o Code
			Ì	B4 City		┝┖╴╵	-   '	
	the markings of Continue 607 O	502 and 607 1508. Florida Statut	tes, the abov	e-named corpor	ation submits this statement for the pured of directors. Thereby accept the ap-	irpose of chang	ing its re	egistered offic
O-CAMATURE	on, and accept the obligations of, S Signature, typed or printed name of rejectored a	agent and the Laputetable (N	O1t - Regulered /	Ngort signal in irequire	Justice constable git  ADDITIONS/CHANGES TO OF	DATE FICERS AND D	RECTO	RS IN 12
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/OFFAITGES TO CO.		Change	Addition
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TITLE NAME	D Markis, Cyndi B B O Boy 231182 N//	_	1.2 NA	ME .		L	enonge	
TILE NAME STREET ACORESS	P. O. BOX 231182 N//	A	1.2 NAI 1.3 ST	ME REET ADDRESS				
TITLE NAME STREET ACORESS CITY-ST-ZIP		A I-3182	1.2 NAI 1.3 ST	ME HEET ADDRESS Y-ST-ZIP			Change	
THEF NAME STREE* ACORESS CHY-ST-ZIP THEF	P. O. BOX 231182 N//	A	1.2 NA 1.3 S H 1.4 C F	ME REET ADDRESS Y-ST-ZIP ILE				
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in section 1 in formation supplied with this filing is voluntarily furnished and does not quality for the exemption state and into making 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 cath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/26/96 9044489300