

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # PA5000018796
 1. Corporation Name
CAMEO COMMERCIAL CONTRACTING, INC.

Principal Place of Business <u>PINELLAS CNTY., FL.</u>	Mailing Address <u>1127 WYATT ST. CLEARWATER, FL. 34616</u>
---	--

2. Principal Place of Business 21 State Apt # etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 8308 27 Suite, Apt. #, etc. 28 SEMINOLE, FL. 29 Zip 30 PINELLAS
---	--

3. Date Incorporated or Qualified <u>3-7-95</u>	3a. Date of Last Report <u>1996</u>
4. FEI Number <u>59-330 4354</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		<u>KAREN SCHNELBACH</u>	
82 Street Address (P.O. Box Number is Not Acceptable)		<u>725 1ST ST.</u>	
83			
84 City		<u>FL</u>	85 Zip Code <u>33785</u>

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 officer 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: Karen Schnellbach **KAREN SCHNELBACH SECY.** 4-25-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<u>P</u>
STREET ADDRESS		1.3 STREET ADDRESS	<u>DENA C. LYONS</u>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<u>1127 WYATT ST. CLEARWATER, FL. 34616</u>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<u>S</u>
STREET ADDRESS		2.3 STREET ADDRESS	<u>KAREN SCHNELBACH</u>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<u>725 1ST ST. INDIAN ROCKS BEACH, FL. 33785</u>
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	<u>200002163628</u>
STREET ADDRESS		6.3 STREET ADDRESS	<u>-05/02/97--01084--008</u>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<u>***165.00</u>

14. I do 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: Karen Schnellbach **KAREN SCHNELBACH** 4-25-97 918-5932503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #

CR2E034 (9/96)

Handwritten initials and date: 5/1/97