

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000019795 (0)**

1. Corporation Name  
**CAMEO CORP.**



Principal Place of Business

**336-1/2 MERIDIAN AVE  
MIAMI BEACH FL 33139**

Mailing Address

**336-1/2 MERIDIAN AVE  
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified  
**03/10/1995**

3a. Date of Last Report

2. Principal Place of Business

21 **2009 HARRISON STREET**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **2009 HARRISON STREET**  
Suite, Apt. #, etc.

4. FEI Number

**65-0562512**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

City & State

23 **HOLLYWOOD FL**  
Zip Country

City & State

28 **HOLLYWOOD FL**  
Zip Country

24 **33020**

25 **BROWARD**

29 **33020**

30 **BROWARD**

9. Name and Address of Current Registered Agent

**SEGAL, DEBORAH M  
336-1/2 MERIDIAN AVE  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**2009 HARRISON ST**

83

84 City

**HOLLYWOOD**

**FL**

85 Zip Code

**33020**

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 **X**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **D**  
NAME **SEGAL, WILLIAM C**  
STREET ADDRESS **336-1/2 MERIDIAN AVE**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

☐ DELETE

TITLE **D**  
NAME **SEGAL, DEBORAH M**  
STREET ADDRESS **336-1/2 MERIDIAN AVE**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**P**

1.2 NAME

1.3 STREET ADDRESS

**2009 HARRISON ST**

1.4 CITY-ST-ZIP

**HOLLYWOOD FL 33020**

2.1 TITLE

**V S**

2.2 NAME

2.3 STREET ADDRESS

**2009 HARRISON ST**

2.4 CITY-ST-ZIP

**HOLLYWOOD FL 33020**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☒ Addition

☒ Change ☒ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**William Segal**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM SEGAL**

**2-12-96**  
Date

**305.927.7133**  
Daytime Phone

CR2E034 (12/95)