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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # P95000019795

1. Corporation Name CAMEO CORP.

District District of Overlands

Fillicipal Flaci	e ni pusiliess	Willing Address						
1940 HARRISON ST								
STE 300		HOLLYWOOD FL 33020	= =		DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed			
					03/10/1995			
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	<del> </del>	pplied For	
21		26		_	65-0562512		ot Applicable	
Suite, Apt. #, etc. Suite.		Suite, Apt. #, etc.	rte, Apt. #, etc.		5. Certificate of Status Desired	Status Desired		
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zíp	Country	,	8. This corporation owes the current year Intar	ngible		
24	25	29 30	D		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered A	gent		
		·	81	Name			İ	
SEGAL, DEBORAH M				Street A	ddress (P.O. Box Number is Not Acceptable)			
1940 HARRISON ST			82	. 0.000.7	adios (F.S. Box Hamber is 11017 1000 Pros. o)			
STE 300			83	1				
HOL	LYWOOD FL 33020			0.15		as Zin	Code	
			84	City	FL	85 Zip	Code	
agent. I a	m familiar with, and accept the obligation of the state o	tions of, Section 607.0505, Florid	a Statute	s.	ration's board of directors. I hereby accept the appoint			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		10.42-33-7	Change	Addition	
NAME	SEGAL, WILLIAM C		1.2 NAME				1	
STREET ADDRESS	1940 HARRISON ST, STE 300		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-1	ST-ZIP				
TITLE	VS	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	SEGAL, DEBORAH M		2.2 NAME					
STREET ADDRESS	4040 HADDIOON OF OTE DOG		2.3 STREE	T ADDRESS	the second section of the second section is a second section of the second section of the second section is a	~ ·		
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME			•		
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME	:				
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change		
NAME	}		5.2 NAME			(		

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 supplied ental 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 teacher or truetee empoyered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an adaptive or the teacher of the corporation 
5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

Change

☐ Addition

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90240 001 \*\*\*150.00