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

Mailing Address 2090 S. NOVA RD., #B 207

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if changed

SIGNATURE:

Principal Place of Business

2090 S. NOVA RD., #B 207



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000000028 (6)**

CAMCO DEVELOPMENT AND BUILDING-SOUTHEAST INC.

SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119-8834 3. Date Incorporated or Qualified 3a. Date of Last Report 12/21/1995 2. Principal Place of Business 2a. Mail-no Address 4. FEI Number Applied For 59-3356711 26 Not Applicable Suite Aut # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zπ Country 8. This corporation has liability for intangible tax under s. 199.032, 🗶 Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MACHADO, FRED 8 VENETIAN WAY N. 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32127 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 637,0502 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. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Softwhite Pyticality printed by an if the escenced agent and III's Capprobable (NOTE Registered Agen) signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **PVST** DELETE TITLE 11 TITLE Change Addition MACHADO, FRED NAME 1.2 NAME 8 VENETIAN WAY N. STREET ADDRESS 1.3 STREET ADDRESS **DAYTONA BEACH FL 32129** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAM? 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - S1 - ZIP 2 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP THILE DELETE Change 5.1 TITLE Addition NAMÉ 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZiP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 61 1111 8 NAMÉ 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST- ZIP

14. I do hereby certify that the information's applied 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 armual report of 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED
Jan 14 1997 8:00am
Secretary of State



104 322 1929