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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019820 (5)

CAMEO ENTERPRISES, INC.

Principal Plac	e of Business	Mailing Address	Mailing Address					
3905 S. INDIAN FORT PIERCE I			3905 S. INDIAN RIVER DRIVE FORT PIERCE FL 34982-7738					
					3. Date Incorporated or Qualified 03/04/1996	3a. Date of Las	t Report	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address				Applied For	
21		26					Not Applicabl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	5. Certificate of Status Dosired See Required Fee Required		
City & State		City & State			6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	7φ 29	30 Co	untry	This corporation has liability for Florida Statutes	intangible tax unde	r s. 199,032	
	9. Name and Address of C			Γ	10. Name and Address of New Re	gistered Agent		
	to the provisions of Sections 60 egisterod agont, or both, in the m familiar with, and accept the	07.0502 and 607.1508. Florida State State of Florida. Such change was obligations of, Section 607.0505. F	utes, the a authorize lorida Sta	84 City bove-named corporatutes.	poration submits this statement for the plion's board of directors. I hereby acce	FL	ip Code g its registered as registered	
SIGNATURE	Signature, typnd or printed name of register	ered agent and tile it approable (NC	H : Hegister	d Agent signature requi	irod when reinstating)	DATE		
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	ORS IN 12	
TITLE	PSD	☐ DELETÉ	1.11	ITLE		☐ Chang	ge 🔲 Additio	
NAME STREET ADDRESS	MOZGAWA, EDWARD A 3905 S. INDIAN RIVER DR	RIVE	1.2 N 1.3 S	AME THEET ADDRESS				
CITY-ST-ZIP	FORT PIERCE FL 34982			ITY-ST-ZIP				
TITLE		☐ DELETE	217	}		Chang	e 🔲 Addilio	
NAME			551					
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP		DELETE		CITY-ST-ZIP		Chano	ne Additio	
TITLE		E.J DELL'IE	317			E Chang	le [1] Wagina	
NAME			3.2 N	Į.				
STREET ADDRESS			■ 3.3 S	TREET ADDRESS				

64 CITY-ST-ZIF

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 offect 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.

34. CITY-ST-ZIP

4.3 \$18561 ADDRESS 4.4 CITY- \$1- ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.1 HILE

4. 2 NAME

5 1 TITLE 5 2 NAME

6.1 TITLE

6.2 NAME

OLONATURE.

CITY-ST-ZIP

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CITY-ST-ZIP

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May 14 1997 8:00am

Secretary of State