

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90136 022 \*\*\*150.00

DOCUMENT # P96000032477

1. Corporation Name

CAMERON TECHNOLOGIES INCORPORATED

Principal Place of Business

1088 EAST ALTAMONTE DR  
STE. 105  
ALTAMONTE SPRINGS FL 32701  
US

Mailing Address

1088 EAST ALTAMONTE DR  
STE. 105  
ALTAMONTE SPRINGS FL 32701  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1996

4. FEI Number

59-3383883

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 755 Raymond Avenue

2a. Mailing Address

26 755 Raymond Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Altamonte Springs, FL

City & State

27 Altamonte Springs, FL

Zip

24 32701

Country

25 USA

Zip

29 32701

Country

30 USA

9. Name and Address of Current Registered Agent

TROMBO, GREGORY JOSEPH  
755 RAYMOND AVENUE  
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

Dawn Kintigh Trombo

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

755 Raymond Avenue

83

84 City

Altamonte Springs

FL

85 Zip Code

32701

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 Dawn Kintigh Trombo President

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-27-99

12. OFFICERS AND DIRECTORS

TITLE DPST  
NAME TROMBO, GREGORY JOSEPH  
STREET ADDRESS 755 RAYMOND AVENUE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST  
1.2 NAME Dawn Kintigh Trombo  
1.3 STREET ADDRESS 755 Raymond Avenue  
1.4 CITY-ST-ZIP Altamonte Springs, FL 32701

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

407.339.2489

Daytime Phone #

CR2E034 (1/98)

0094383