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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS CITY - ST - ZIF

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033343 (0)

DANIEL A. CAMM FINANCIAL PLANNING SERVICES, P.A.

Principal Place of Business Mailing Address 10802 WEST HILLSBOROUGH AVENUE #1713 10802 WEST HILLSBOROUGH AVENUE #1713 **TAMPA FL 33615 TAMPA FL 33615** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/12/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 26 59-3376694 Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year intangible Yes Yes □ No 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 10802 WEST HILLSBOROUGH AVENUE #1713 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33615** 83 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE 1.1 TITLE Change NAME CAMM, DANIEL A 1.2 NAME 10802 WEST HILLSBOROUGH AVENUE #1713 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33615 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDIESS 2.3 STREET ADDRESS CATY - ST - ZIP 2 4 CITY-ST-ZIP DELETE TITLE ☐ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST- ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP ___ DELETE Addition 51 TITLE Change TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

Block 12 or Block 13 if changed, of an an attachment with an offices.

SIGNATURE: 1-28-98 813-8547

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 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

CR2E034 (10/97

Change

FILED

Feb 06 1998 8:00am

Secretary of State