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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040828 (1)

CAMCAT, INC.

Principal Place of Business

Mailing Address

## FILED Apr 14 1998 8:00am Secretary of State



494 SPANISH ALTAMONTE S	TRACE DR PRINGS FL 32714	494 SPANISH TRACE DR ALTAMONTE SPRINGS FL 32714		DO NOT MIDITE	INI THUS OF A OF			
					3. Date Incorporated or Qualified 05/13/1996	IN THIS SPACE		
2. Principal Pla	ice of Business	2s. Mailing Address		<del></del>	4. FEI Number		Applied For	
21 /077	MANDERLEY RUN	26 /10/m e			59-3384339	<u> </u>	Not Applicable	
Suite, Apt. #	etc.	Suite, Apt. #, etc.				¬ \$8.7	75 Additional	
22	MARY FL	27 Dan	<u> </u>		5. Certificate of Status Desired	└	e Required	
23		26	ame		Election Campaign Financing     Trust Fund Contribution	ncing \$5.00 May Be Added to Fees		
24 32	746 25 Stinibold  9. Name and Address of Current R	20 Same	Cour 30	ame.	8. This corporation owes or has pail Personal Property Tax due June	30. 🔽 Yes	ar Intangible  No	
		egisterea Agent		B1 Name	10. Name and Address of New Reg	listered Agent		
	IARATA, JOSEPH		["	B1 Name				
	SPANISH TRACE DR AMONTE SPRINGS FL 92714	,	L	1.67	ddress (P.O. Box Number is Not Acceptable) 7 MR NOCKLLY RUN	e) J		
	addr	ess only	]*	33	/			
		O	ļ.	34 City Z	AKE MARY	FL 85	Zip Code 32746	
11. Pursuant to office or reagent I am	the provisions of Sections 607,0502 a gistered agent, or both, in the State of I familiar with, and accept the deligation	nd 607, 1508, Florida Statute Itorida, Such change was at ns of, Section 607,0505, Flor	s, the ab- ithorized ida Statu	ove-named of by the corportes.	corporation submits this statement for the pu pration's board of directors. I hereby accep	urpose of changing the appointment	ng its registered it as registered	
SIGNATURE	Ah N-				4	4/8/98	<b>^</b>	
10	OFFICERS AND D			Agerit signature re	equired when reinstating)	DATE		
12.	n	DELETE	13. 1.1 Till	r 1	ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC		
NAME	CAMARATA JOSEPH N	· Alical)	1.2 NAN	1	LAT MANDEDIM		ige [_] Addition	
	494-SPANISH-TRACE DR	I di circina		FET ADDRESS	677 MANDERLEY	KUN		
CITY-ST-ZIP	CAMARATA, JOSEPH N 494 SPANISH TRACE DR ALTAMONTE SPRINGS FL 32714	ONLY		-St-ZIP	LAKE MARY FL	32.74	16	
TITLE	7.577.77.77.70	DELETE	2.1 TITL			☐ Char		
NAME			22 NAA	15				
STREET ADDRESS			2 3 S1R	EET ADDRESS				
CITY-ST-ZIP			2. 4 CH	Y - ST - 21P				
TITLE		DELETE	3.1 TITL			Chan	nge Addition	
NAME			3.2 NAM	lE				
STREET ADDRESS			3.3 STR	EFT ADDRESS				
CITY-ST-ZIP			3.4 CH	Y-ST-ZIP				
TITLE		DELETE	4.1 1ITL	F		Chan	nge 🔲 Addition	
NAME			4. 2 NA	AE			1	
STREET ADDRESS			4.3 STH	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	- S1 - 21P				
TITLE		☐ DELETE	5.1 TH L	E		Chan	ige 🔲 Addition	
NAME			5.2 NAN	E				
STREET ADDRESS			5.3 STR	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ DELETE	611/11			Chan	ge Addition	
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STRE	ET ADDRESS			Į	
CITY-ST-ZIP		, <sub> </sub>		- S1 - ZIP				
14. I nereby ce	ruiy mai the intormation supplied with t	his filing does not qualify for	the exen	option stated	in Section 119.07(3)(i), Florida Statutes. I fe	urther certify that	the information	

Thereby early that the information supplied with this litting does not quality for the exception stated in Section 119:07(3)(j), Florida Statutes. Floritor certify that the information indicated on this annual report or supplied child 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 or an attachment with an address.

OLONIATURE.

11-11-60 100 101 0000