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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P96000060173** (7)

FLORIDA C.A.M., INC.

: Principal Place	e of Business	Mailing Address								
10021 PINES BLVD SUITE 101 PEMBROKE PINES FL 33024		10021 PINES BLVD SUITE 101 PEMBROKE PINES FL 33024-6168								
							3. Date Incorporated or Qualified 07/16/1996	<b>3a.</b> Da	ate of Last Re	eport
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number	•	<del></del>	plied For
21		26					65-068-1270		<del></del>	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #. etc.					5. Certificate of Status Desired		\$8.75 A	
22		City & State								
City & Stati	e	<b>├</b> ¬ ′					Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
<b>23</b> Zip	Country	<b>28</b>	Co	untry			8. This corporation has liability for			
24	25	29	30	J	,			Yes [		100.002,
24	9. Name and Address of Currer		[00]	Т			10. Name and Address of New Re	gistered	Agent	
KIRK, GENEVIEVE A 10021 PINES BLVD., SUITE 101					Name	Э				
					Stree	t Addre	ress (P.O. Box Number is Not Acceptable)			
PEMBROKE PINES FL 33024				82 Street Add			, , , , , , , , , , , , , , , , , , , ,			
				83						
				84	City			FL	85 Zip (	Code
4.5		O and CO7 1500 Florida Cta	tutos the s	200	la pama	d corpo	ration submits this statement for the r		t changing it	ts registered
office or	to the provisions of Sections buridge registered agent, or both, in the State	of Florida, Such change wa	is authorize	ed b	y the co	rporatio	ration submits this statement for the points board of directors. I hereby acceptions	ot the app	pointment as	registered
agent. La	im familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Sta	atute	S.		/.	-16-9	10	
SIGNATURE	Signal typed or profession of registered ag	ent and title if applicable. (1	OTE Register	ed An	ent signatu	re required	d when reinstating)	DATE	<u></u>	
12.		D DIRECTORS	13.	<del></del>			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	3S IN 12
	PRESIDENT, SECTY, TR	easurer Delete	1.11	TITLE					Change	Addition
NAME	ROBERT C. KIRK		1.21	NAME		1				
STREET ADDRESS	4331 SW 8200 Way	<i>'</i>	1.33	STREE	T ADDRESS	5				
CITY - ST - ZIP	DAVIE, FL 33328			1.4 CITY-ST-ZIP						
TITLE	DELETE			2.1 TITLE					Change	Addition
			2.2	NAME						
SYREET ADDRESS			2.3	STAEE	T ADDRESS	3				
CITY - SY - ZIP			2. 4	CITY-	ST-ZIP					
TITLE		DELETE	3.1	TITLE		T			Change	Addition
NAME			3.2	NAME						
-STREET ADDRESS			33	STREE	T ADDRES	s				
CITY - ST - ZIP			3.4.	CITY-	ST-ZIP					
TiTLE		DELETE	4.1	TITLE					☐ Change	Addition
- NAME			4. 2	NAME		'				+
:STREET ADDRESS			4.3	STREE	T ADDRES	s				
CITY-ST-Z-P			4.4	CITY-	ST-ZIP					
THILE		DELETE	51	TITLE					Change	Addition Addition
NAME			52	NAME						
STREET ADDRESS			53	STREE	T ADDRES	s				
City St-ZiP			54	CHTY-	ST-ZIP					
TITLE		DELETE	6.1	TITLE					Change	Addition

6.4 CITY-ST-ZIP 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 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 43 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP