SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary 🕩 State 🗸 🗸

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Namo P96000060218 (0)

CAMEO KITCHENS, INC.

APPROVED.

97 SEP 29 PM 1:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Plac	se of physiness	Mailing Address							
7426 KEY COLONY AVE #2227 7426 KEY COLONY AVE #2227									
WINTER PARK FL 32792 WINTER PARK FL 32792					W TOW OR	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualif		ate of Last I	Report	
					07/16/1996				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		T A	pptied For	
21 22 E	50 Lee Road	26 2250 LCC	Road	d	593399350			lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E. Contidents of Status Process	. 🗆	\$8.75	Additional	
22 Suit	e #101	27 Suite #101			5. Certificate of Status Desired	, []	Fee R	lequired	
City & State		City & State			6. Election Campaign Financia		\$5.00	May Fle	
	erfark, FL	28 Winter Par		<u> </u>	Trust Fund Contribution			to Fees	
Zip	Country	7ip 7227000	Country		8. This corporation owes or ha				
24 327	89 [25] USA 9. Name and Address of Current		o US	<u>,n</u>	Personal Property Tax due			□ No	
		Hadistelen Wasii	81	Name	10. Name and Address of New	v negistered	Ayent	·	
	OTT, KEVIN D		Ľ	IVanic		_			
					82 Street Address (P.O. Box Number is Not Acceptable)				
Y VII	NTER PARK FL 32792		B3						
				l				ł	
			84	City		FL	85 Zip	Code	
del Duraniant	to the provisions of Continue COZ DEO2	and CO7 4500 Florida Distritor	the obey		Language and the state of the s			ita in alusa and	
office or r	registered agent, or both, in the State o	if Florida. Such change was au	horized by	y the cor	f corporation submits this statement for poration's board of directors. I hereby a	ccept the app	ointment as	s registered	
agent. I a	ım fa miliar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statute:	s.					
SIGNATURE	Signature, lyped or printed name of registered agent	and title it any teaching (NOT)	Pagiclared Ab	ant cianel m	a required when reinstating)	DATE			
12.	OFFICERS AND		13.	ork engiterior	ADDITIONS/CHANGES TO C		DIRECTO	RS IN 12	
TITLE	D	DELETE	1.1 TITLE		D	1102110741	Change	☐ Addition	
NAME	SCOTT, KEVIN D		1,2 NAME		Scall Parisin				
STREET ADDRESS	7426 KEY COLONY AVE #222	7	1.3 STREET	ADDRESS	DESCRIPTION DON'T SUIT	E#101			
CITY-ST-ZIP	WINTER PARK FL 32792		1.4 CITY- S		Scott, Kevin D 2250 Lee Road Suit Winter Park, FL	22720	2,		
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NAME			22 NAME		h suuuyk	အပူအျ	USS:		
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CITY-ST-ZIP			3.4 CITY-1	ST-ZIP					
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NAME			4. 2 NAME						
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CITY-ST-ZIP			4.4 CITY - 9	51 - 2(P	J				
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STREET ADDRESS			6.3 STREET	ADDRESS	\	9/)41a	g = 1	
CITY-ST-ZIP			6.4 CITY - S	1-ZIP			<u>~ </u>	1	
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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 18 if changed, or on an attachment with an address.