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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 18 1997 8:00am

Secretary of State

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2-14-97

941-498-0513

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P96000068769 (4)**

CAMP RM CORP.

SIGNATURE:

Principal Place of Business Mailing Address								f fadinaff tib jone ditte dates Attet dater Abits aren iärte taben atter 1811		
24930 PENNY Bonita Sprin			24990 PENNY ROYAL DR BONITA SPRINGS FL 34134-7900							
								3. Date Incorporated or Qualified 3a. Date of Last Report 08/19/1996	_	
2. Principal F	Place of Business	2a. M	ailing Address	•				4. FEI Number Applied Fo	r	
21		26						65-0689374 Not Applic	able	
Suite, Apt.	. #, etc.	L St	uite, Apt. #, etc.					5, Certificate of Status Desired  \$8.75 Additions	al	
22		27						Fee Required		
City & Star	le	<del></del>	ty & State					6. Election Campaign Financing \$5.00 May Be	- 1	
<b>23</b> Zip	Country	28 Zi		Cou	intry	<del>,</del> —	<del></del>	Trust Fund Contribution Added to Fees		
24	25	29	P	30				8. This corporation has liability for intangible tax under s. 199.03:	٠	
<u> </u>	9, Name and Address of Curre		ed Agent	[30]	Г	-		10, Name and Address of New Registered Agent		
7AN	ITSCH, ROGER H				61	Ni	ame		$\neg \neg$	
	30 PENNY ROYAL DR				82	C+	reel Addi	dress (P.O. Box Number is Not Acceptable)		
	NITA SPRINGS FL 33923				OZ.	اد	reet Auur	dress (F.O. Box Number is Not Acceptable)		
					83					
					84	Ci	ty	FL 85 Zip Code	-	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.	1508, Florida Sta	tutes, the at	20∧€  1	e-na	med corp	reporation submits this statement for the purpose of changing its register	red	
office or agent. La	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Jations of, S	Such change wa ection 607.0505,	is authorizei Florida Stat	a by tutes	y ine S	corpora	ation's board of directors. I hereby accept the appointment as registered	30	
SIGNATURE										
	Signature typed or printed hame of registered ag				d Age	entsg	nature requi	ured when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTO	DRS DELETE	13.			- 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	lilion	
TITLE	President	. h	DELETE	1.1 11			}	E_1 Orlange E_1 Auc	JIIIOII	
NAME OTOSET ADDRESS	Roger H. Zanitso			1.2 NA		LDD	VEGO.			
	24930 Pennyroyal					ADDF	- 1			
CITY-ST-ZIP TITLE	Bonita Springs, Vice President	<u>ru 3</u>	DELETE	2.1 Ti		ST - ZiF	-	☐ Change ☐ Add	lition	
NAME	1	·h		2.2 N/						
	Megan B. Zanitso 24930 Pennyroyal	Dri.		2.3 \$1		ADDE	ess		- 1	
CITY - ST - ZIP				2.4 C			- 1			
TITLE	Bonita Springs,	-E-T>->	DELETE	3.1 TI				Change Ado	Jition	
NAME				3 2 NA	AME					
STREET ADDRESS				3.3 ST	REET	ADDR	RESS		1	
CITY - ST_ZIP		_		3.4 C	IT <u>Y</u> -S	ST-ZII	,		/	
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NAME				5.2 N/						
STREET ADDRESS				5351			- 1			
CITY · ST · ZIP			- Sciere	5 4 CI		37 - ZIP			iiia -	
TITLE	1		DELETE	6.1 11			1	☐ Change ☐ Add	miou	
NAME				6.2 NA		_				
STREET ADDRESS	1			6.3 \$1			- 1		-	
CITY-SI-ZIP	hy certify that the information supplies	d with this f	iling does not au	6.4 Cl				ed in Section 119.07(3)(i), Florida Statutes. I further certify that the		
information and	on indicated on this annual resort or	supplement r the receive	al annual report i er or trustee emp	s true and a owered to e	accu	urate	and that	at my signature shall have the same legal effect as if made under oath ort as required by Chapter 607. Florida Statutes; and that my name	, that	