

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10 1997 8:00am
Secretary of State

DOCUMENT # P96000072323 (4)

1. Corporation Name
CAMP-FUN-TO-BRUSH, INC.



Principal Place of Business
10252 SW 12 STREET
PEMBROKE PINES FL 33025

Mailing Address
10252 SW 12 STREET
PEMBROKE PINES FL 33025-4701

3. Date Incorporated or Qualified
08/30/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0694656

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, SONYA
10252 SW 12 STREET
PEMBROKE PINES FL 33025

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LEWIS, SONYA D
STREET ADDRESS 10252 SW 12 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33025

DELETE

1.1 TITLE SECRETARY
1.2 NAME Jerry Lewis, Jr.
1.3 STREET ADDRESS 7 Roosevelt Dr.
1.4 CITY-ST-ZIP Bristol, R.I. 02809

Change

Addition

TITLE VD
NAME LEWIS, DOLORES
STREET ADDRESS 10252 SW 12 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33025

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change

Addition

TITLE STD
NAME LEWIS, JERRY
STREET ADDRESS 10252 SW 12 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33025

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

Addition

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 13 if changed, or on an attachment with an address.

SIGNATURE: Dolores J. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 2-11-97
DAYTIME PHONE # 561-243-8833

CR2E034 (9/96)