

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

FILED

Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000098179 (0)

1. Corporation Name  
CAMELOT TEA ROOMS INC.



Principal Place of Business

5672 ROCK ISLAND ROAD #252  
TAMARAC FL 33319

Mailing Address

5672 ROCK ISLAND ROAD #252  
TAMARAC FL 33319-2668

2. Principal Place of Business

21 36 NORTH OCEAN BLVD.  
Suite, Apt. #, etc.

2a. Mailing Address

26 36 NORTH OCEAN BLVD  
Suite, Apt. #, etc.

City & State

23 POMPANO BEACH, FLORIDA

City & State

28 POMPANO BEACH FL

Zip

24 33062

Country

25 USA

Zip

29 33062

Country

30 USA

9. Name and Address of Current Registered Agent

NOLAN, DEBORAH L  
5672 ROCK ISLAND ROAD #252  
TAMARAC FL 33319

10. Name and Address of New Registered Agent

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: *Deborah L. Nolan* - President

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

3/1/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	NOLAN, DEBORAH L	5672 ROCK ISLAND ROAD #252	TAMARAC FL 33319	<input type="checkbox"/>
S	HOWLAND, EDWARD M	5672 ROCK ISLAND ROAD #252	TAMARAC FL 33319	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Deborah L. Nolan* DEBORAH L NOLAN.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/97 954-783-9161

Date

Daytime Phone # 0006626

CR2E034 (9/96)