

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000003781 (6)

1. Corporation Name
CAMBERWELL ENTERPRISES INC.



Principal Place of Business 3500 N. STATE ROAD 7 SUITE 200H LAUDERDALE LAKES FL 33319	Mailing Address 3500 N. STATE ROAD 7 SUITE 200H LAUDERDALE LAKES FL 33319
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2670 N. UNIVERSITY DR		26 SAME		01/08/1997	
22 202		27		4. FEI Number	
23 SUNRISE		28		65-0725995	
24 33322		25 USA		5. Certificate of Status Desired	
		29		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

ELLIOTT, ERROL
 3500 N. STATE ROAD 7
 SUITE 200H
 LAUDERDALE LAKES FL 33319

81 Name	ERROL ELLIOTT
82 Street Address (P.O. Box Number is Not Acceptable)	2670 N. UNIVERSITY DR #202
83	
84 City	SUNRISE
85 Zip Code	FL 33322

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: *Errol Elliott* DATE: 04-21-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, ERROL	1.2 NAME	
STREET ADDRESS	3500 N. STATE ROAD 7, SUITE 200H	1.3 STREET ADDRESS	2670 N. UNIVERSITY DR #202
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	1.4 CITY-ST-ZIP	SUNRISE FL 33322
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, JUDITH	2.2 NAME	
STREET ADDRESS	3500 N. STATE ROAD 7, SUITE 200H	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Errol Elliott* DATE: 4-21-98 954-578-0783

CF2E034 (10/97)