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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9700043960 1. Corporation Name

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90218 036 \*\*\*150.00

CAMEO	PROPERTIES, INC.						
					!	ANN <b>anns</b> mhair is	IN <b>a r</b> um <b>au</b> n h <b>u</b> n
						/// <b>6/888</b> //// 18	IKE BUK EBK IBEL
Principal Plac		Mailing Address					
3228-5 S.W. MARTIN DOWNS BOULEVARD 1767 SENTRY PARKWAY WE PALM CITY FL 34990 SUITE 200			ST		ļ		
PALM CITY FL 34990 SUITE 200 US BLUE BELL PA 19422					DO NOT WRITE IN TI	HS SPACE	
		US			3. Date Incorporated or Qualifed		
					05/19/1997		
Principal Place of Business     2a. Mailing Address					4. FEI Number		Applied For
21 2		26		65-0770584	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired	5. Certificate of Status Desired See Required	
22 27							
City & Stat	e	City & State			6. Election Campaign Financing		May Be
23		28	Countr		Trust Fund Contribution		d to Fees
Zip	Country	Zip	<b>-</b>	у	8. This corporation owes the current year	Intangible  [] Yes	₩No
24	9. Name and Address of Currer		<u>,o\</u>		Personal Property Tax.  10. Name and Address of New Register		45710
	5. Name and Address of Correr	ir izodisteren Wilanit	81	Name	.v. itarile and reduces of free Register		
HAN	ISEN, E.F.			ļ			
28 ST. THOMAS DRIVE			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
PALI	M BEACH GARDENS FL 33418		83	<del></del>			
•				·			
			84	City	F	FL 85 Zi	p Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statutes	the abov	/e-named c	organism submits this statement for the purpose	of changing	its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was auti	horized by	/ the corpor	ation's board of directors. I hereby accept the ap	pointment as	registered
	im tamiliar with, and accept the obliga	Alions of, Section 607.0000, Fibra	a Statute	<b>5.</b>			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	egistered Age	nt signature rec	jured when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	
TALE	VPD	☐ DELETE	1.1 TITLE			☐ Chang	je 🗌 Addition
NAME	VITALE, STEVEN G		1.2 NAME				
STREET ADDRESS	3228-5 S.W. MARTIN DOWNS	BLVD.	1,3 STREE	T ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990		1,4 CITY-	ST-ZIP			
TITLE	PD	☐ DELETE	2.1 TITLE	]		Chang	je 🗌 Addition
NAME	DAVIS, JAMES R		2.2 NAME	ļ			
STREET ADDRESS	5050 HIATUS ROAD		2.3 STREE	TADDRESS			
CITY-ST-ZIP	SUNRISE FL 33351		2, 4 CITY-	ST-ZIP			FTI A dalling
TITLE	SD	☐ DELETE	3.1 TITLE			Chang	e Addition
NAME	HANSEN, ELMER F		3.2 NAME	}			
STREET ADDRESS	28 ST. THOMAS DRIVE		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33		3.4. CITY-	ST-ZIP		Che	ge Addition
TITLE		☐ DELETE	4.1 TITLE	. [		Chang	e □ Wadmou
NAME			4, 2 NAME	f			
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-1	ST-ZIP		Chang	e Addition
TITLE			51 TITLE 5.2 NAME	}			le Madinati
NAME				ET ADDRESS			
STREET ADDRESS			5.3 STREE	1			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	31-41		☐ Chang	e Addition
TITLE		I'A nere ie	6.2 NAME	)			- ( <u>-1</u> 1 100 110 11 1
NAME	(			ET ADDRESS			I
STREET ADDRESS			6.4 CITY-				
CITY-ST-ZIP			U	1			

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 of 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**