

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000057964 (3)

1. Corporation Name
THE CAMELOT GROUP INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4100 NE 2ND AVENUE #210
MIAMI FL 33137

Mailing Address
4100 NE 2ND AVENUE #210
MIAMI FL 33137

3. Date Incorporated or Qualified
06/24/1997

2. Principal Place of Business
21 9011 N Bayshore Drive
Suite, Apt. #, etc.

2a. Mailing Address
26 9011 N Bayshore Drive
Suite, Apt. #, etc.

4. FEI Number
65-0773356

Applied For
Not Applicable

22 City & State
23 MIAMI, FLORIDA

27 City & State
28 MIAMI, FLORIDA

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip 33138 Country USA

29 Zip 33138 Country USA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
ANTONACCI, EDUARDO
4100 NE 2ND AVENUE #210
MIAMI FL 33137

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

B1 Name James P. Fleming
B2 Street Address (P.O. Box Number is Not Acceptable) 9011 N Bayshore Drive
B3
B4 City MIAMI FL 85 Zip Code 33138

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 James P. Fleming DATE 1/20/98

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ANTONACCI, EDUARDO	
STREET ADDRESS	1075 NE 99TH STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33138-2638	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLEMING, JAMES P	
STREET ADDRESS	9011 NORTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	W.T.S.M.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Windsor G. Fleming	
1.3 STREET ADDRESS	9011 N Bayshore Drive	
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33138	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 James P. Fleming 1/20/98 305 754 8282

CR2E034 (10/97)