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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000059687 (8)

CAM MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

FILED Apr 23 1998 8:00am Secretary of State



3000 S. OCEAN DRIVE HOLLYWOOD FL 33019		P.O. BOX 176 Hallandale FL 33009			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				07/09/1997	<u> </u>
	Place of Business	2a. Mailing Address	/	4. FEI Number	Applied For
	S. OCKAD DRIVE	26 P.O BOX 17	6	65-0175340	Not Applicable
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 // /	<u> </u>	27			Fee Required
City & Sta	1 /	City & State 28 HALLANDA/E	FLA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
	wood FLORION Country	28 <i>HALLANDA/E</i> 7(p	Country	1100.10.10.10.10.10.10.10.10.10.10.10.10	Added to Fees
Zip - /	L., '	29 33009	30 05/7	This corporation owes or has paid the operation of the Personal Property Tax due June 30.	Yes No
24 380/	9 25 USA 9. Name and Address of Curre		30 00 77	10. Name and Address of New Registers	
			81 Name		
CRIDER, GEORGINE H					
-	2710 S. OCEAN DR. #204		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
r	10LLYWOOD FL 33019		83		
				<u> </u>	
			84 City	F	B5 Zip Code
44 Dureugot	to the provisions of Spetions 607 050	02 and 607 1508. Florida Statute	es the above-named cor	rogration submits this statement for the purpose	e of changing its registered
office or	registered agent, or both, in the State	e of Florida. Such change was a	authorized by the corpora	ation's board of directors. I hereby accept the a	ppointment as registered
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE	Signature, typed or pouled name of registered ag	and and talls of appolicately. (AICV)	Registered Agent signature requ	uired when reinstating) / DATE	<u> </u>
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
	1	DELETE	1.1 TALE		Change Addition
NAME	Description Korz		1.2 NAME		
STREET ADDRESS	UAROL ZACO		1.3 STREET ADDRESS		
CITY-ST-ZIP	2710 5 000000	4 /G	1.4 CHY-ST-ZIP		
TITLE	Mally 1000 RAN 330	DELETE	2.1 TITLE		Change Addition
NAME	SEE TREAS		2.2 NAME	•	
STREET ADDRESS	ROSE PLE ANDREWS	u M	2.3 STREET ADDRESS		
CITY-ST-ZIP	3000 S. OCEAN UR	/ · ·	2. 4 CITY-ST-ZIP		
TITLE	PRESIDENT DARDL TRENE KATZ 1710 S OCEAN DR NOW, GOOD, FLA 33L SEE /TREAS ROSE ME ANDREWS 3000 S. OCEAN DR NOW, FL. 330	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE	<u> </u>	DELETE	4.1 TITLE		Change Addition
NAME	1		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME	1		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	1		5.4 CITY-ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME]		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
44 I horobu	certify that the information supplied v	with this filing does not qualify fo	or the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further	certify that the information
CITY-ST-ZIP 14. I hereby indicated officer or	d on this a nnual report or supplement	al annual report is true a nd acc eiver or trustee empowe red to e	urate and that my signal	n Section 119.07(3)(i), Florida Statutes. I further lure shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and th	under oath; that I am an