

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90096 003 \*\*\*150.00

DOCUMENT # P97000060519

1. Corporation Name

C A M - S I L PROPERTIES, INC.

Principal Place of Business

~~1562 CROWBERRY LANE~~ Bay Shore Plaza  
~~SEBASTIAN FL 32958~~

674-698 Bay Shore Blvd.  
Port St. Lucie, FL 34985

Mailing Address

1562 CROWBERRY LANE  
SEBASTIAN FL 32958

2. Principal Place of Business

21 674-698 Bay Shore Blvd.

Suite, Apt. #, etc.

22 City & State  
Port St. Lucie, FL

23 Zip Country  
34985 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country  
30

3. Date Incorporated or Qualified

07/11/1997

4. FEI Number

65-0766690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAZZILLI, SILVESTER  
1562 CROWBERRY LANE  
SEBASTIAN FL 32958

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MAZZILLI, CAMILLE  
STREET ADDRESS 3439 BELTAGE AVE  
CITY-ST-ZIP WANTAGH NY 11793

TITLE D ☐ DELETE

NAME MAZZILLI, FRANK  
STREET ADDRESS 3439 BELTAGE AVE  
CITY-ST-ZIP WANTAGH NY 11793

TITLE D ☐ DELETE

NAME MAZZILLI, CATHERINE  
STREET ADDRESS 3439 BELTAGE AVE  
CITY-ST-ZIP WANTAGH NY 11793

TITLE D ☐ DELETE

NAME MAZZILLI, SILVESTER  
STREET ADDRESS 3439 BELTAGE AVENUE  
CITY-ST-ZIP WANTAGH NY 11793

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)