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

PROFIT **CORPORATION** ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000069865 (8)

**CAMDA CORPORATION** 

## **FILED** Jun 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 300 ARIZONA STREET HOLLYWOOD BEACH FL 33019 300 ARIZONA STREET HOLLYWOOD BEACH FL 33019 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 322 OREGON 65-0 841060 26 Not Applicable Suite Apt #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 27 22 City, & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zıp Country 8. This corporation owes or has paid the current year Intangible USA 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CERITELLI, CAMILLE Name 300 **Ari**zona street 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD BEACH FL 33019 63 84 City 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** (NOTE: Registered Agent signature required when reinstating) Signiture, typod or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 1.1 TITLE Change TITLE **CE**RITELLI, CAMILLE 1.2 NAME NAME 000 ARIZONA STREET STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD BEACH FL 33019 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE 2.1 TITLE Addition TITLE **Ce**ritelli, Marc NAME 2.2 NAME **\$00** ARIZONA STREET 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD BEACH FL 33019 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Addition TITLE 3.1 TITLE **CE**RITELLI, DANIEL 3.2 NAME NAME **\$0**0 arizona street STREET ADDRESS 3.3 STREET ADDRESS HOLLYWOOD BEACH FL 33019 CITY-ST-ZIP 3.4. CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE S 1 TITLE 300002564973 NAME 5.2 NAME -06/19/98---01017---0**1**6 STREET ADDRESS 5.3 STREET ADDRESS \*\*\*B. 75 CITY-ST-ZIP 5.4 CITY-ST-ZIP 30000255497 Shange DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME -06/19/98--01017--0**1**5 6.3 STREET ADDRESS STREET ADDRESS \*\*\*150.00 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 suppliemental 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 13 if changed, or on an attachment with an address.

CAWILLE CERTELL

OF The 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 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 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 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 in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Flo

CAMILLE CERITELLI