## 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 # P97000082673 (9)

CAMEO DEVELOPMENT, INC.

Principal Place of Business Mailing Address CENTROPLEX, 3600 N.W. 43RD STREET P.O. BOX 7131 GAINESVILLE FL 32005 SUITE E-2 GAINESVILLE FL 32005 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>09/19/1997</u> 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3468668 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KISSEL, WALDEMAR F JR. CENTROPLEX, 3600 N.W. 43RD STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE E-2 83 **GAINESVILLE FL 32605** 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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, typoid or printed runne of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE KISSEL, WALDEMAR F JR. NAME 1.2 NAME 3600 NW 43RD ST, SUITE E-2 STREET ADDRESS 1.3 STREET ADDRESS GAINESVILLE, FL 32606 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change \_\_ Addition DELETE 2.1 TITLE TITLE KISSEL, MELVA M NAME 2.2 NAME 3600 NW 43RD ST, SUITE E-2 2.3 STREET ADORESS STREET ADDRESS GAINESVILLE, FL 32606 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE. 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE

14. I hereby certify that the information supplied with this filling 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

352-375-4139

FILED

Apr 28 1998 8:00am

Secretary of State

CR2E034