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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000089840 (7)

JOSH KAMERON & ASSOCIATES, INC.

00011	NAMETICA & ACCOUNTED	, 1110-		
Principal Plac	e of Business	Mailing Address		
1105 OLD GRIFFIN ROAD		1105 OLD GRIFFIN ROAD		
DANIA FL 33		DAMA FL 33004	AU	
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal P	lace of Business	2a. Mailing Address		10/17/1997 4. FEI Number Applied For
21	iace of Basillogs	26		65-0788942 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<b>60 75</b>
22		27		5. Certificate of Status Desired Fee Required
City & State	9 :	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 • Name and Address of Curre	29 Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
D4	<del></del>	in riegiotorea Agent	81 Name	
	YMOND, CLAUDE 05 OLD GRIFFIN ROAD			JOEH KAMERON
	NIA FL 33004		82 Street A	ddress (P.O. Box Number is Not Acceptable)
, D	111A 1 E 55004		83	100000
			20 0	
			84 City	DADIA FL 85 3504
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 bilth, 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 familia with, and diappt the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	Del III			4118178
	Signature, if ped or printed name of registered no		OTE: Registered Agont signature re	
12.	PDST OFFICERS AN	ID DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	KAMERON, JOSH		1.1 TITLE 1.2 NAME	Change Modified
STREET ADDRESS	4321 THOMAS ST		1.3 STREET ADDRESS	
CITY+ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP	
TITLE	VD	DELETE	2.1 TITLE	Change Addition
NAME	KAMERON, RENE		2.2 NAME	_ , _
STREET ADDRESS	4321 THOMAS STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		2 4 CITY- ST-ZIP	
TITLE		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		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	•
STREET ADORESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 CHY-SI-ZIP	Change
TITLE			5.1 TITLE	☐ Change ☐ Addition
NAME CTREET ADDRESS			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME			6.2 NAME	and coorings and realistics.
STREET ADDRESS			6.3 STREET ADDRESS	
J				

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 prin an attachment with an address.

Z X 1/ 1

4/18/98