May 06, 1999 8:00 am Secretary of State

05-06-1999 90023 013 \*\*\*150.00

## 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

## DOCUMENT # P9700098496

1. Corporation Name

CAMP MANAGEMENT SYSTEMS, INC.

Principal Place	e of Business	Mailing Address		( 1884) Sht 118 (BIT) 12811 46111 28111 88111 28114 18114 18115 21515 21115 2111	'
21456 SHANNO PORT CHARLOT		21456 SHANNON AVE PORT CHARLOTTE FL 33952			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	1
		Co. M. W Address		11/19/1997 4. FEI Number Applied For	
	ace of Business	2a. Mailing Address		65-0810363 Not Applicable	
21	4 -10	Suite, Apt. #, etc.		\$8.75 Additional	$\dashv$
Suite, Apt.	#, etc.	27		5. Certificate of Status Desired Fee Required	- 1
City & State	Э	City & State		6. Election Campaign Financing \$5.00 May Be	
23	-	28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	_
24	25	29 3	o	Personal Property Tax.	_}
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered Agent	-4
81 Name					
į.	LAW FIRM OF LAWRENE J SPIE	GEL	82 Street Add	ress (P.O. Box Number is Not Acceptable)	$\neg$
343 ALMERIA AVENUE					
COR	AL GABLES FL 33134		83		ı
			84 City	FL 85 Zip Code	7
	· · · · · · · · · · · · · · · · · · ·			poration submits this statement for the purpose of changing its registered	$\dashv$
nffice or n	to the provisions of Sections 607.050a egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	horized by the corporati	on's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agen	and title if contemble (NOTE: R	egistered Agent signature require	ed when reinstating) DATE	- {
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ヿ
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addit	ion
NAME	BRISTER, STUART		1.2 NAME		
STREET ADDRESS	21456 SHANNON AVE		1.3 STREET ADDRESS		- {
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		1.4 CITY-ST-ZIP		_
TITLE	VSD	☐ DELETE	2.1 TITLE	Change Addit	on
NAME	BRISTER, VIOLA		2.2 NAME		ĺ
STREET ADDRESS	21456 SHANNON AVE		2 3 STREET ADDRESS		į
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	· -	2. 4 CITY-ST-ZIP		_
TITLE		☐ DELETE	3.1 TITLE	Change Addit	ON
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		Į
CITY-ST-ZIP			3.4, CITY-ST-ZIP	☐ Change ☐ Addit	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addit	۱"
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		∏ BCIETE	44 CITY-ST-ZIP	☐ Change ☐ Addil	ion
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	□ onange □ room	
NAME			5.3 STREET ADDRESS		1
STREET ADORESS			3.3 STREET ADDRESS		

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.

5.4 CITY-ST-7IP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

CR2E034 (11/98)

Addition