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 # P98000019053

1. Corporation Name

CAMINO ENTERPRISES, INC.

						<u></u>											
Principal Place of Business				Mailing Address							11/6/102/ 110 /010				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
221 W. CAMINO REAL				221 W. CAMINO REAL													
BOCA RATON FL 33432		BOCA RATON FL 33432						DO NOT WRITE IN THIS SPACE									
										Date I	ncorporated						
									"		6/1998						
2. Principal P	lace of Busines	ss		2a.	Mailing Address					, FEI N					Т	App	ied For
21				26						65	. 0816	249				Not	Applicable
Suite, Art.	#, etc.				Suite, Apt. #, etc.							Danisa	. r		\$8.	75 A	ditional
22				27						, Ceniic	c∈te of Status	s Desired			F	ee Red	uired
City & State				City & State					- 6	ori Campaign	Financi	ng _E		\$5	i.00	vlay Be	
23				28						Trust	F and Contrib	ution			A	dded to	Fees
Zip		Coun	гу	Ь;	Zip	Co	ountry		ε		o poration ov		current	year In			77
24	2			29	_	30					nal Property				Ye	s]No
	9, Name a	nd Addı	ess of Current	Registe	ered Agent		81	NI), Name	and Addres	ss of Ne	w Reg	istere 1	Agent		
i Esi	HE THOMAS	2					81	Name	9								
	LIE, THOMAS W. CAMINO						82	Stree	t Ad Iress (P.O. Bo	x Number is	Not Acc	eptable)			
	CA RATON FL		,				83										
DQC	A BAION IL	_ 00402					83										
							84	City						FL	85	Zip C	ode
					= 1555 51 11 51								4ta		f ahaaai	on ite	ogistored
11. Pursuant	to the provision	ns of Se	ctions 607.0502	and 60	7.1508, Florida Statu a. Such change was	utes, the	above ed by	named	d co-poration's l	on submooard of	it i this stater d rectors. I h	ment for ereby a	the pur ccept th	rpose of re app x	f changi intment	ng its i as reg	egistered istered
office o · i	registered ager	nt, or bot	n, in the State o	n Florida	17.1508, Florida Statu a. Such change was Section 607.0505, Fl	authorize	ed by '	the corp	d co poration's l	on submooard of	it i this stater d rectors. I h	ment for ereby a	the pur ccept th	rpose of ne app x	f changi intment	ng its as reg	ogistered i stered
office o · i	registered ager am familiar with	nt, or bot n, and ac	n, in the State o cept the obligati	of Floridations of, \$	a. Such change was Section 607.0505, FI	authorize Icrida Sta	ed by atutes.	the corp	poration's i	ooard of	d rectors. I n	ment for sereby a	ссерги	не аррэ	f changi intment	ng its as reg	ngistered istered
office o 1 agent. I a SIGNATURE	registered ager am familiar with	nt, or bot n, and ac	n, in the State of cept the obligation of registered agent	ons of, S	a. Such change was Section 607.0505, FI	authorize Icrida Sta	ed by atutes.	the corp	d co poration s l	ooard of	d rectors. I n	ereby a	ссері іг	рате		as reg	
office or lagent. I a SIGNATURE	registered ager am familiar with Signature, typed or	nt, or bot n, and ac	n, in the State o cept the obligati	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOT	authorize Ic rida Sta	ed by atutes.	the corp	poration's i	ooard of	d rectors. I n	ereby a	ссері іг	рате		ECTO	
office or lagent. I a SIGNATURE 12.	registered ager am familiar with Signature, typed or	nt, or bot	n, in the State of cept the obligation of registered agent	ons of, S	a. Such change was Section 607.0505, FI	authorize Icrida Sta TE: Register 13	ed by atutes. ed Agen 3. TITLE	the corp	e required when	ooard of	d rectors. I n	ereby a	ссері іг	рате	ND DIR	ECTO	RS IN 12
office or lagent. I a SIGNATURE 12. TITLE NAME	registered ager am familiar with Signature, typed or D LESUE, TH	nt, or bot n, and ac r printed nar	n, in the State o cept the obligations of registered agent OFFICERS AND	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOT	authorize Ic rida Sta TE : Register 13 1.1 1.2	ed by atutes. ed Agen 3. TITLE NAME	the corp	e required when	ooard of	d rectors. I n	ereby a	ссері іг	рате	ND DIR	ECTO	RS IN 12
office or I agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Pagistered ager am familiar with Signature, typed or D LESUE, TH 221 W. CA	nt, or bot n, and ac r printed nar IOMAS MINO F	n, in the State of complete the obligation of registered agent of FFICERS AND REAL	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOT	authorize Ic rida Sta TE : Register 13 1.1 1.2 1.3	ed by atutes. ed Agen B. TITLE NAME STREET	the corp	e required when	ooard of	d rectors. I n	ereby a	ссері іг	рате	ND DIR	ECTO	RS IN 12
office o 1 agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRES S CITY-ST-ZIP	Signature, typed or D LESUE, TH 221 W. CAI BOCA RAT	nt, or bot n, and ac r printed nar IOMAS MINO F	n, in the State of complete the obligation of registered agent of FFICERS AND REAL	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOTOTORS	authorize Ic rida Sta TE: Register 13 1.1 1.2 1.3	ed by atutes. ed Agen 3. TITLE NAME STREET CITY-S1	the corp	e required when	n reinstating	d rectors. I n	ereby a	ссері іг	рате	ND DIR	ECTO!	RS IN 12
office o 1 agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRES S CITY- ST- ZIP	Signature, typed or D LESUE, TH 221 W. CAI BOCA RAT D	r printed nar HOMAS MINO F	n, in the State of complete the obligation of registered agent of FFICERS AND REAL	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOT	### Authorize Crida State	ed by atutes. ed Agen TITLE NAME STREET CITY-SI TITLE	the corp	e required when	n reinstating	d rectors. I n	ereby a	ссері іг	рате	ND DIR	ECTO!	RS IN 12
office o 1 agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME	D LESUE, TH 221 W. CA BOCA RAT D LESUE, JU	nt, or both, and acrement new printed name new printed na	n, in the State of cept the obligations of registered agent OFFICERS AND REAL 33432	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOTOTORS	E : Registere 13 1.1' 1.2' 1.3' 1.44 2.1'	ed by atutes. ed Agen 3. TITLE NAME STREET CITY-SI TITLE NAME	the corp at signature of ADDRESS	e required when	n reinstating	d rectors. I n	ereby a	ссері іг	рате	ND DIR	ECTO!	RS IN 12
office o : 1 agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S	D LESUE, TH 221 W. CA BOCA RAT D LESUE, JU 221 W. CA	IOMAS MINO FL INE	n, in the State of cept the obligations of registered agent OFFICERS AND REAL 33432	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOTOTORS	### 21	ed by atutes. ed Agen 3. TITLE NAME STREET TITLE NAME STREET	the corp it signature f ADDRESS f ADDRESS	e required when	n reinstating	d rectors. I n	ereby a	ссері іг	рате	ND DIR	ECTO!	RS IN 12
office o : 1 agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP	D LESUE, TH 221 W. CA BOCA RAT D LESUE, JU	IOMAS MINO FL INE	n, in the State of cept the obligations of registered agent OFFICERS AND REAL 33432	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOT CTORS DELETE	### 21	ed by atutes. ed Agen B. TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI	the corp it signature f ADDRESS f ADDRESS	e required when	reinstating ADDITI	O IC NS/CHANC	GES TO	ссері іг	рате	ND DIR	ECTOllange	RS IN 12
office o : 1 agent. 1 a gent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE	D LESUE, TH 221 W. CA BOCA RAT D LESUE, JU 221 W. CA	IOMAS MINO FL INE	n, in the State of cept the obligations of registered agent OFFICERS AND REAL 33432	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOTOTORS	### 21	ed by atutes. ed Agen 3. TITLE NAME STREET TITLE NAME STREET CITY-SI TITLE STREET TITLE	the corp it signature f ADDRESS f ADDRESS	e required when	ADDITI	O IC NS/CHANG	GES TO	ссері іг	рате	ND DIR	ECTOllange	RS IN 12 Addition
office o : 1 agent. 1 a gent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME	D LESUE, TH 221 W. CA BOCA RAT D LESUE, JU 221 W. CA	IOMAS MINO FL INE	n, in the State of cept the obligations of registered agent OFFICERS AND REAL 33432	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOT CTORS DELETE	### 21	ed by atutes. ed Agen 3. TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME NAME	it signature f ADDRESS f ADDRESS T-ZIP	e required when	ADDITI	CNS/CHANC	GES TO	OFFIC	DATE CERS / I	ND DIR	ECTOllange	RS IN 12 Addition
office o : 1 agent. 1 a gent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S STREET ADDRES S	D LESUE, TH 221 W. CA BOCA RAT D LESUE, JU 221 W. CA	IOMAS MINO FL INE	n, in the State of cept the obligations of registered agent OFFICERS AND REAL 33432	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOT CTORS DELETE	El rida Sta TE : Register 13 1.1' 1.2: 1.3: 1.4' 2.1' 2.2' 2.3: 2.4 3.1 3.2 3.3	ed by states. ed Agen B. TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET STREET NAME STREET NAME	it signature r ADDRESS T-ZIP r ADDRESS	e required when	ADDITI	C NS/CHANC	GES TO	OFFIC	DATE EERS / I	ND DIR	ECTOllange	RS IN 12 Addition
office o : 1 agent. 1 a gent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRES S CITY-ST-ZIP	D LESUE, TH 221 W. CA BOCA RAT D LESUE, JU 221 W. CA	IOMAS MINO FL INE	n, in the State of cept the obligations of registered agent OFFICERS AND REAL 33432	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOT CTORS DELETE	El rida Sta TE : Register 13 1.1' 1.2: 1.3: 1.4' 2.1' 2.3: 2.4 3.1 3.2 3.3 3.4.	ed by studes. ed Agen a. TITLE NAME STREET ITTLE NAME STREET CITY-SI TITLE NAME STREET CITY-S	it signature r ADDRESS T-ZIP r ADDRESS	e required when	ADDITI	C NS/CHANC	GES TO	OFFIC	DATE EERS / I	ND DIR	ECTOllange	RS IN 12 Addition
office o : 1 agent. 1 a gent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME	D LESUE, TH 221 W. CA BOCA RAT D LESUE, JU 221 W. CA	IOMAS MINO FL INE	n, in the State of cept the obligations of registered agent OFFICERS AND REAL 33432	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOT CTORS DELETE	El rida Sta TE : Register 13 1.1' 1.2: 1.3: 2.1' 2.1' 2.3: 2.4 3.1 3.2 3.3 3.4. 4.1'	ed by studes. ed Agen B. TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-S TITLE	it signature r ADDRESS T-ZIP r ADDRESS	e required when	ADDITI	C NS/CHANC	GES TO	OFFIC	DATE EERS / I	ND DIR	ECTOllange	RS IN 12 Addition Addition
office o 1 agent. I a SIGNATURE 12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME	D LESLIE, TH 221 W. CAI BOCA RAT D LESLIE, JU 221 W. CAI BOCA RAT	IOMAS MINO FL INE	n, in the State of cept the obligations of registered agent OFFICERS AND REAL 33432	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOT CTORS DELETE	Euthorize [c rida State 13	ed Agen ad Age	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	D A C D C C C C C C C C C C C C C C C C	ADDITI	EDWA CAMI	GES TO	OFFIC	DATE ERS / !	ND DIR	ECTOllange	RS IN 12 Addition Addition
office o 1 agent. I a SIGNATURE 12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S	D LESLIE, TH 221 W. CAI BOCA RAT D LESLIE, JU 221 W. CAI BOCA RAT	IOMAS MINO FL INE	n, in the State of cept the obligations of registered agent OFFICERS AND REAL 33432	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOT CTORS DELETE	Eltrida Sta TE: Register 13 1.1' 1.2: 1.3: 1.4' 2.1' 2.2' 2.3: 2.4 3.1 3.2 3.3 3.4. 4.1 4.2 4.3	ed by studes. ed Agen 3. TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET STREET CITY-S TITLE NAME STREET STREET STREET NAME STREET STREE	it signature If ADDRESS IT ZIP If ADDRESS IT ZIP If ADDRESS IT ZIP	D A C D C C C C C C C C C C C C C C C C	ADDITI	EDWA CAMI	GES TO	OFFICE CONTRACTOR OFFICE CONTR	DATE DERS / I	ND DIR	ECTOllange	RS IN 12 Addition Addition
office o : aggent. I a aggent. I aggen	D LESLIE, TH 221 W. CAI BOCA RAT D LESLIE, JU 221 W. CAI BOCA RAT	IOMAS MINO FL INE	n, in the State of cept the obligations of registered agent OFFICERS AND REAL 33432	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOT CTORS DELETE DELETE	Eltrida Sta TE: Register 13 1.1' 1.2: 1.3: 1.4' 2.1' 2.2' 2.3: 2.4 3.1 3.2 3.3 3.4. 4.1 4.2 4.3	ed by atutes. ed Agen 3. TITLE NAME STREET TITLE NAME STREET CITY-S TITLE	it signature If ADDRESS IT ZIP If ADDRESS IT ZIP If ADDRESS IT ZIP	D A C D C C C C C C C C C C C C C C C C	ADDITI	EDWA CAMI	GES TO	OFFICE CONTRACTOR OFFICE CONTR	DATE DERS / I	ND DIR	ECTOl aange laange laan	RS IN 12 Addition Addition
office o : lagent. I a agent. I a agent. I a agent. I a series agent. I a series agent. I a agent. I a	D LESLIE, TH 221 W. CAI BOCA RAT D LESLIE, JU 221 W. CAI BOCA RAT	IOMAS MINO FL INE	n, in the State of cept the obligations of registered agent OFFICERS AND REAL 33432	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOT CTORS DELETE	Euthorize [Ic rida State 13	ed by atutes. ed Agen 3. TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	it signature If ADDRESS IT ZIP If ADDRESS IT ZIP If ADDRESS IT ZIP	D A C D C C C C C C C C C C C C C C C C	ADDITI	EDWA CAMI	GES TO	OFFICE CONTRACTOR OFFICE CONTR	DATE DERS / I	ND DIR	ECTOl aange laange laan	RS IN 12 Addition Addition
office o : lagent. I a agent. I a agent. I a serve agent.	D LESUE, TH 221 W. CA BOCA RAT D LESUE, JU 221 W. CA BOCA RAT	IOMAS MINO FL INE	n, in the State of cept the obligations of registered agent OFFICERS AND REAL 33432	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOT CTORS DELETE DELETE	Euthorize [c rida State 13	ed by atutes. ed Agen 3. TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME	it signature If ADDRESS IT ZIP If ADDRESS IT ZIP If ADDRESS IT ZIP	D, S, B, P S D, S, S D R B B B B B B B B B B B B	ADDITI	EDWA CAMI	GES TO	OFFICE CONTRACTOR OFFICE CONTR	DATE DERS / I	ND DIR	ECTOl aange laange laan	RS IN 12 Addition Addition
office o : lagent. I a agent. I a agent. I a agent. I a series agent. I a series agent. I a series agent. I a	D LESUE, TH 221 W. CA BOCA RAT D LESUE, JU 221 W. CA BOCA RAT	IOMAS MINO FL INE	n, in the State of cept the obligations of registered agent OFFICERS AND REAL 33432	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOT CTORS DELETE DELETE	Euthorize [Ic rida State 13	ed by atutes. ed Agen 3. TITLE NAME STREET ITITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S NAME STREET CITY-S NAME STREET CITY-S NAME STREET CITY-S NAME STREET STREET CITY-S STREET STREE	T ADDRESS T - ZIP	D, S, B, P S D, S, S D R B B B B B B B B B B B B	ADDITI	EDWA CAMI	GES TO	OFFICE CONTRACTOR OFFICE CONTR	DATE DERS / I	ND DIR	ECTOl aange laange laan	RS IN 12 Addition Addition
office o : lagent. I a agent. I a agent. I a agent. I a series agent. I a series agent. I a series agent. I a	D LESUE, TH 221 W. CA BOCA RAT D LESUE, JU 221 W. CA BOCA RAT	IOMAS MINO FL INE	n, in the State of cept the obligations of registered agent OFFICERS AND REAL 33432	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOT CTORS DELETE DELETE	Euthorize [c rida State 13	ed by atutes. ed Agen 3. TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME	T ADDRESS T - ZIP	D, S, B, P S D, S, S D R B B B B B B B B B B B B	ADDITI	EDWA CAMI	GES TO	OFFICE CONTRACTOR OFFICE CONTR	DATE DERS / I	ND DIR	ECTOl aange laange laan	RS IN 12 Addition Addition
office o : lagent. I a agent. I a agent. I a agent. I a series agent. I a series agent. I a series agent. I a	D LESUE, TH 221 W. CA BOCA RAT D LESUE, JU 221 W. CA BOCA RAT	IOMAS MINO FL INE	n, in the State of cept the obligations of registered agent OFFICERS AND REAL 33432	ons of, S	a. Such change was Section 607.0505, FI applicable. (NOT CTORS DELETE DELETE	Euthorize [c rida State 13	ed by atutes. ed Agen 3. TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	T ADDRESS T - ZIP	D, S, B, P S D, S, S D R B B B B B B B B B B B B	ADDITI	EDWA CAMI	GES TO	OFFICE CONTRACTOR OFFICE CONTR	DATE DERS / I	ND DIR	ECTOl aange laange laan	RS IN 12 Addition Addition Addition

14. 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 contrify 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 1.2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Thomas

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90051 023 ***150.00