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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000058699 1. Corporation Name

CAMLAR, INC.

Principal Place of Business

Mailing Address

6801 N.W. 75TH STREET TAMARAC FL 33321

6801 N.W. 75TH STREET

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90107 022 ***150.00



TAMARAC FL 33321 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/01/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8.-This corporation owes the current year intangible Country Zip Zip □No Yes Personal Property Tax. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 JOhN MULLANEY LOOMAR, L. GREGORY ESQ. 82 1152 NORTH UNIVERSITY DRIVE PEMBROKE PINES FL 33024 83 Zip Code 84 85 TAMARAC

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 termitiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE MULLANEY, CAMILLE A 12 NAME NAME 1.3 STREET ADDRESS 6801 N.W. 75TH STREET STREET ADDRESS TAMARAC FL 33321 1,4 CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change □ DELETE 2.1 TITLE TITLE MULLANEY, JOHN L 2.2 NAME NAME 6801 N.W. 75TH STREET 2.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition ☐ DELETE Change 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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.

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)