

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S53357** (7)

1. Corporation Name
CAMELOT SQUARE, INC.



Principal Place of Business: **533 NE 210 TERR N MIAMI BEACH FL 33179**
Mailing Address: **2900 N.W. 47TH TERRACE STE. 301 FT. LAUDERDALE FL 33313 US**

3. Date Incorporated or Qualified: **05/17/1991**
3a. Date of Last Report: **08/10/1995**

2. Principal Place of Business
21 **2900 NW 47th Terrace**
Suite, Apt. #, etc: **Suite 301**
City & State: **FT. Lauderdale, Fla**
Zip: **33313** Country: **Broward**

4. FEI Number: **65-0319400**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
GRIEPEL, S. BARRY
2900 N.W. 47TH TERRACE
STE. 301
FT. LAUDERDALE FL 33313

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *S. Barry Griepel* DATE: **4/23/96**

12. OFFICERS AND DIRECTORS

TITLE	PVS	<input type="checkbox"/> DELETE
NAME	BLAKE, DEAN	
STREET ADDRESS	533 NE 210 TERR	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BLAKE, DEAN	
STREET ADDRESS	533 NE 210 TERR	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRIEPEL, BARRY S.	
STREET ADDRESS	2900 NW 47TH TERR., STE. 301	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *S. Barry Griepel* S. Barry Griepel DATE: **4/23/96** 954 739-5320

CR2E034 (12/95)