


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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S80872 1. Corporation Name Camouflage, Inc.					
Principal Place of Business 35110 Cheshire Dr. Dade City, FL 33525			Mailing Address 35110 Cheshire Dr. Dade City, FL 33525		
2. Principal Place of Business 21 37451 PERTH DR.		2a. Mailing Address 26 37451 PERTH DR.		3. Date Incorporated or Qualified 09/16/91	
22 FL		27 FL		3a. Date of Last Report 04/04/96	
23 LEPAPHYRHILLS, FL		28 LEPAPHYRHILLS, FL		4. FEI Number 59-3092291	
24 33541		29 33541		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 PASCO		30 PASCO		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent Registered Corporate Agents, Inc. 612 S. Greenwood Ave. Clearwater, FL 34616				10. Name and Address of New Registered Agent	
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 agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: Peggy Sue Hynson, Pres. <i>Peggy Sue Hynson</i> 4/10/97 (NOTE: Signature of Agent required when reappointing)				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition 400002149234 -04/21/97--01115--003 ***165.00					
14. I do 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. SIGNATURE: X Deborah G. Merriam Sec/Treas. 4/14/97 813-251-8807 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)