FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **V25947** **(5)**

1. Corporation Name
CAMINITI & JARVIS ASSOCIATES, INC.

Principal Place of Business
415 ORANGE ST.
TITUSVILLE FL 32796

Mailing Address
P.O. BOX 5074
TITUSVILLE FL 32783
US

3. Date Incorporated or Qualified: 04/03/1992
3a. Date of Last Report: 01/31/1995

4. FEI Number: 59-3115564 — Applied For / Not Applicable

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: [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. BOX 6089
Suite, Apt. #, etc.
27
City & State
28 TITUSVILLE, FL
Zip 29 32782 Country 30

9. Name and Address of Current Registered Agent
CAMINITI, JOSEPH M
4865 ST. JAMES AVE.
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent
81 Name: N. ROBERT JARVIS
82 Street Address (P.O. Box Number is Not Acceptable): 2642 CHERRYWOOD LANE
83
84 City: TITUSVILLE FL 85 Zip Code: 32780

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: 1/22/96
Signature of Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	CAMINITI, JOSEPH M	
STREET ADDRESS	4865 ST JAMES AVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VSD	[ ] DELETE
NAME	JARVIS, N ROBERT	
STREET ADDRESS	2642 CHERRYWOOD LN	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[X] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	159 MAYFAIR DR.	
1.4 CITY-ST-ZIP	JACKSON, MS 39212	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not conflict, to the best of my knowledge, with Section 119.07(3)(n), Florida Statutes. Further, I 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 any alteration.

SIGNATURE: J.P. 1/22/96 407-383-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone