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PROFIT **CORPORATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthami

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V54276

(3)

| 1. Corporation Name KAMEL COMPANY Principal Place of Business Mailing Address 2456 E MEMORIAL LAKELAND FL 33801 US US | | | | | | | | |
|--|--|---|--|---|---|--------------------------------------|-------------------------------|--|
| | | | | | Date Incorporated or Qua 07/30/1992 | | e of Last Re 7/17/199 | |
| 2. Principal Place of Business SAME AS | | 、Mailing Address らんのも | E AS | ABOVE | 4. FEI Number 59-3131695 | | h | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desir | ed [] | \$8.75 | Additional |
| City & State | 27 | City & State | | | 6. Election Campaign Finance | | | Required |
| | 28 | | | | Trust Fund Contribution | ,"'' ⁹ 🖸 | | May Be I to Fees |
| Zip 25 | Country | Zip | Country | | 8. This corporation has liabile Florida Statutes | ty for intangible ta 【 Yes □ No | ax under s | 199.032, |
| | 29 Address of Current Regis | L L | 30 | | 10. Name and Address of I | _ | Agent | |
| _ | | | 81 N | Vanne | KAMEL A | | | |
| MODONALD, ROGER | | | 82 S | Street Addres | s (P.O. Box Number is Not Acc | <u></u> | | |
| 1218/E. AOBINSON SY ORKANDO FL 22801 | (MAC) | | 83 | ~~~/ | | | | |
| 0142/1400 1 1 22001 | | | | 2456 | E MEMORIA | IL (HWY | (92) | BLUD |
| | | | 84 C | Dity L | AKELAND | FL | 185 L Zic | Code |
| 1 Purcuant to the provisions | of Sections 607-0502 and 60 | | | | | | | agistered office |
| or registered agent, or both | n in the State At Itariak State | 07.1508, Florida Statutes, | , the above nan | ned corporati | on submits this statement for t | he purpose of ch | anging its re | sanut Lam |
| or registered agent, or both familiar with, and accept the | | | | | on submits this statement for to of directors of the feby accept the | he purpose of ch e appointment as | anging its re s registered | agent. I am |
| SIGNATURE | Summer Lawy | u Ki | AMEL | AL-Su | PAIS | he purpose of chie appointment as | anging its restreed | agent. I am |
| SIGNATURE Synature, typed or pri | | applicable (NOTE CTORS | | AL-Su | PAIS | 3 – | 18 - 4 | 96 |
| Signature, typec or ph 2. PD | Sum Low 4 and name of legistered agent and tilk if OFFICERS AND DIREC | applicable (NOTE | AMEL Representatives 13. | AL-Su | PAIS the restatings | 3 – | 18 - 4 | 96 |
| Signature. Signature, typed or prior 2. ILE PD AL-SWAIS, | Signer Study Addition of The Control | applicable (NOTE CTORS | AME L Registered Agent sig 13. 1.1 Title 1.2 NAME | AL-Su gnature 1.4 person | PAIS the restatings | 3 – | D DIRECTO | 96 RS IN 12 |
| SIGNATURE Signature, typed or pin 2. IIILE PD AL-SWAIS, TREET ADDRESS 2456 E. ME | Add name of legacorea agent and this in OFFICERS AND DIRECT KAMEL MORIAL BLVD. | applicable (NOTE CTORS | From Hered Agent signal 13. 1.1 Tille 1.2 NAME 1.3 SIREE: ADL | AL-Suc greature 1. g incent so | PAIS the restatings | 3 – | D DIRECTO | 96 RS IN 12 |
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