

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 # 579359 (1)

1. Corporation Name
CAMELOT R.V. PARK, INC.



Principal Place of Business: MALABAR, FL 1600 US #1 MALABAR FL 32950 US
Mailing Address: 1600 U S HWY 1 P O BOX 500205 MALABAR FL 32950

3. Date Incorporated or Qualified: 07/18/1978
3a. Date of Last Report: 02/23/1995
4. FEI Number: 59-1838219
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: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
RITTER, ROBERT J.
1630 US HWY 1
PO BOX 205
MALABAR FL 32950

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	RITTER, JOHN M	
STREET ADDRESS	160 PELICAN DR NE	
CITY-STATE-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RITTER, ROBERT J.	
STREET ADDRESS	1630 US HWY 1	
CITY-STATE-ZIP	MALABAR FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	RITTER, ROBERT J. JR	
STREET ADDRESS	1800 U S HWY 1	
CITY-STATE-ZIP	MALABAR, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RITTER, MARTHA M.	
STREET ADDRESS	11601 W. BISCAYNE CANAL DRIVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RITTER, MARTHA ELIZABE	
STREET ADDRESS	11601 W. BISCAYNE CANAL DRIVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RITTER ELIZABETH BINA	
STREET ADDRESS	1600 US HWY 1	
CITY-STATE-ZIP	MALABAR FL	

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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: *Robert J. Ritter, Jr.* Pres. 1/24/96 407-7245396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)