

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

FILED  
Mar 24 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 # 579359

(1)

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



Principal Place of Business: MALABAR, FL 1600 US #1 MALABAR FL 32960 US  
Mailing Address: 1600 U S HWY 1 P O BOX 500205 MALABAR FL 32960-0205

3. Date Incorporated or Qualified: 07/18/1978  
3a. Date of Last Report: 01/29/1996  
4. FEI Number: 59-1638219  
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 State, Apt. #, etc. 22 City & State 23 Zip Country 24 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 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  
84 City 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  DELETE  
NAME: RITTER, JOHN M  
STREET ADDRESS: 160 PELICAN DR NE  
CITY-ST-ZIP: PALM BAY FL  
TITLE: D  DELETE  
NAME: RITTER, ROBERT J.  
STREET ADDRESS: 1630 US HWY 1  
CITY-ST-ZIP: MALABAR FL  
TITLE: DP  DELETE  
NAME: RITTER, ROBERT J. JR  
STREET ADDRESS: 1600 U S HWY 1  
CITY-ST-ZIP: MALABAR, FL 00000  
TITLE: D  DELETE  
NAME: RITTER, MARTHA M.  
STREET ADDRESS: 11601 W. BISCAYNE CANAL DRIVE  
CITY-ST-ZIP: MIAMI FL  
TITLE: D  DELETE  
NAME: RITTER, MARTHA ELIZABE  
STREET ADDRESS: 11601 W. BISCAYNE CANAL DRIVE  
CITY-ST-ZIP: MIAMI FL  
TITLE: T  DELETE  
NAME: RITTER ELIZABETH BINA  
STREET ADDRESS: 1600 US HWY 1  
CITY-ST-ZIP: MALABAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE:  Change  Addition  
12 NAME:  
13 STREET ADDRESS: 102 Bougainvillea  
14 CITY-ST-ZIP: Rockledge FL 32955  
21 TITLE:  Change  Addition  
22 NAME:  
23 STREET ADDRESS:  
24 CITY-ST-ZIP:  
31 TITLE:  Change  Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY-ST-ZIP:  
41 TITLE:  Change  Addition  
42 NAME:  
43 STREET ADDRESS: 1630 U.S. Hwy 1  
44 CITY-ST-ZIP: Malabar, FL 32950  
51 TITLE:  Change  Addition  
52 NAME:  
53 STREET ADDRESS: 1630 US Hwy 1  
54 CITY-ST-ZIP: Malabar, FL 32950  
61 TITLE:  Change  Addition  
62 NAME:  
63 STREET ADDRESS:  
64 CITY-ST-ZIP:

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 or on an attachment with an address.

SIGNATURE: Robert J. Ritter (Robert J. Ritter 3/17/97 407-724-5396)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)