

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

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 579359 (1)**

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



Principal Place of Business <b>MALABAR, FL 1800 US #1 MALABAR FL 32950 US</b>	Mailing Address <b>1800 U S HWY 1 P O BOX 500205 MALABAR FL 32950 US</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>07/18/1978</b>	
4. FEI Number <b>59-1838219</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RITTER, ROBERT J.  
1830 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	85 Zip Code
	<b>FL</b>

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	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>RITTER, JOHN M</b>	
STREET ADDRESS	<b>102 BOUGAN VILLIEA</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RITTER, ROBERT J.</b>	
STREET ADDRESS	<b>1830 US HWY 1</b>	
CITY-ST-ZIP	<b>MALABAR FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>RITTER, ROBERT J. JR</b>	
STREET ADDRESS	<b>1800 U S HWY 1</b>	
CITY-ST-ZIP	<b>MALABAR, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RITTER, MARTHA M.</b>	
STREET ADDRESS	<b>1830 US HWY 1</b>	
CITY-ST-ZIP	<b>MALABAR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RITTER, MARTHA ELIZABE</b>	
STREET ADDRESS	<b>1830 US HWY 1</b>	
CITY-ST-ZIP	<b>MALABAR FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>RITTER ELIZABETH BINA</b>	
STREET ADDRESS	<b>1800 US HWY 1</b>	
CITY-ST-ZIP	<b>MALABAR FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>32955</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>32950</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>32950</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>2960 Orange Avenue</b>
4.4 CITY-ST-ZIP	<b>Malabar, FL 32950</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>7432 S.W. 53<sup>rd</sup> Court</b>
5.4 CITY-ST-ZIP	<b>Miami, FL 33143</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>32950</b>

14. I 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: *Robert J. Ritter* Robert J. Ritter 1/23/98 (407) 7282390

CR2E034 (10/97)