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May 15 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 # **445061** **(5)**

1. Corporation Name
CHAMPAIGN PLAZA CORP

Principal Place of Business	Mailing Address
4051 SW 102ND AVE DAVIE FL 33328	4051 SW 102ND AVE DAVIE FL 33328-2206

3. Date Incorporated or Qualified: 08/26/1973
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21): 5353 N. FEDERAL HWY
Suite, Apt. #, etc. (22): SUITE # 303
City & State (23): FT. LAUDERDALE, FL.
Zip (24): 33308 Country (25): BROWARD

2a. Mailing Address (26): SAME
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-1662619 ☐ 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

9. Name and Address of Current Registered Agent

DRAUDT, ERIC
4051 SW 102ND AVE
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name: JUDY DEVEAU / C/O LEVY REALTY
82 Street Address (P.O. Box Number is Not Acceptable): 5353 N FEDERAL HWY, SUITE #303
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33308

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: Judith B. Deveau — Judith B. Deveau — 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BANKIER, LEON		1.2 NAME		
STREET ADDRESS	9801 COLLIN AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BAL HAROUR FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WENGER,IRVING		2.2 NAME		
STREET ADDRESS	1150 MELVIN DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND PARK IL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 if changed, or on an attachment with an address. LEON BANKIER

SIGNATURE: [signature] 4/29/97 217-318-3320