

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000056970 (4)**

1. Corporation Name

**CAMPAGNA FINANCIAL SERVICES INC.**



Principal Place of Business

Mailing Address

7656 BIRCHTREE TER  
LAKE WORTH FL 33467

7656 BIRCHTREE TER  
LAKE WORTH FL 33467

2. Principal Place of Business

2a. Mailing Address

21 800 Uno Lago Dr  
Suite, Apt. #, etc.

26 800 Uno Lago Dr  
Suite, Apt. #, etc.

22 Apt # 201  
City & State

27 Apt # 201  
City & State

23 Juno Beach, FL  
Zip Country

28 Juno Beach, FL  
Zip Country

24 33408 25 U.S.A.

29 33408 30 USA

9. Name and Address of Current Registered Agent

**MILLER, CARLA J.**  
7656 BIRCHTREE TERRACE  
LAKE WORTH FL 33467

3. Date Incorporated or Qualified

08/02/1994

3a. Date of Last Report

04/12/1995

4. FEI Number

65-0508489

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

10. Name and Address of New Registered Agent

81 Name *Carla J. Miller*  
82 Street Address (P.O. Box Number is Not Acceptable)  
*800 Uno Lago Drive*  
83 *Apt # 201*  
84 City *Juno Beach* FL 85 Zip Code *33408*

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 607.0305, Florida Statutes.

SIGNATURE

*Carla Miller*  
Signature (Typed or printed name of registered agent and the corporation)

*Carla Miller*  
Name (Typed or printed name of registered agent)

*4-8-96*  
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, CARLA</b>	
STREET ADDRESS	<b>7656 BIRCHTREE TER</b>	
CITY-STATE-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Miller, Carla</i>	
1.3 STREET ADDRESS	<i>800 Uno Lago Dr, Apt # 201</i>	
1.4 CITY-STATE-ZIP	<i>Juno Beach, FL 33408</i>	
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:

*Carla Miller* (Carla Miller)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-8-96* (407)6228473  
Date (Typed or printed name)

CR2E034 (12/95)