

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 *Carla Miller*

Signature (Typed or printed name of registered agent and the date)

(NOTE: Registered Agent's signature or printed name is required)

4-8-96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<i>President</i>
STREET ADDRESS		1.3 STREET ADDRESS	<i>Miller, Carla</i>
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	<i>800 Uno Lago Dr, Apt #201</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		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 supplementary 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 DAYTIME PHONE #

CR2E034 (12/95)