

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 10:03

DOCUMENT # 206693 (4)

1. Corporation Name
CHAMPAIGN, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% BROADVIEW PARK WATER CO.
1955 S.W. 50 AVENUE
FT. LAUDERDALE FL 33317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/20/1957 3a. Date of Last Report 03/30/1994
4. FEI Number 59-6059122 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

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

9. Name and Address of Current Registered Agent
SCHWAB, MICHAEL H.
1955 S.W. 50 AVE.
FT. LAUDERDALE FL 33317

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	DONNER, EDWARD	1.2 NAME	
STREET ADDRESS	3555 S OCEAN BLVD PH#14	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL, I	2.2 NAME	
STREET ADDRESS	3400 S OCEAN BLVD #3F	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL, HENRIETTA	3.2 NAME	
STREET ADDRESS	3400 S OCEAN BLVD #3F	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	MISHOE, GARY L (AGST)	4.2 NAME	
STREET ADDRESS	12751 SW 47TH ST ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 110.07(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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael H. Schwab MICHAEL H. SCHWAB 03-9-95 (305) 5834223
(Signature, typed or printed name of signing officer or director) (Date) (Signature Number)