

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 206693 (4)
1. Corporation Name
CHAMPAIGN, INC.



Principal Place of Business

% BROADVIEW PARK WATER CO.
1855 S.W. 50 AVENUE
FT.LAUDERDALE FL 33317

Mailing Address

% BROADVIEW PARK WATER CO.
1855 S.W. 50 AVENUE
FT.LAUDERDALE FL 33317-6122

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

SCHWAB, MICHAEL H.
1855 S.W. 50 AVE.
FT.LAUDERDALE FL 33317

3. Date Incorporated or Qualified

10/20/1957

3a. Date of Last Report

03/21/1996

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME DONNER, EDWARD
STREET ADDRESS 3555 S OCEAN BLVD PH#14
CITY-ST-ZIP PALM BEACH FL

TITLE PD
NAME MICHAEL, I
STREET ADDRESS 3400 S OCEAN BLVD #3F
CITY-ST-ZIP PALM BEACH, FL 00000

TITLE D
NAME MICHAEL, HENRIETTA
STREET ADDRESS 3400 S OCEAN BLVD #3F
CITY-ST-ZIP PALM BEACH, FL 00000

TITLE D
NAME SCHWAB, MICHAEL H
STREET ADDRESS 1855 SW 50 AVE
CITY-ST-ZIP FT.LAUDERDALE FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 an officer or director, or in an attachment with an address.

SIGNATURE:

Michael H. Schwab

4-25-97 (954) 583-4223

CR2E034 (9/96)