

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

FILED

95 FEB 17 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **264788** (1)

1. Corporation Name
CAMPUS LANDS CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
29 BROADWAY NEW YORK NY 10006

3. Date Incorporated or Qualified **06/07/1972** 3a. Date of Last Report **03/23/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-1009741** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACLEOD, DEBORAH E.
4121 NW 37TH PLACE
GAINESVILLE FL 32608**

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD
NAME	GIARDINO, ALFRED
STREET ADDRESS	29 BROADWAY
CITY-STATE-ZIP	NEW YORK, NY 00000
TITLE	V
NAME	LAMBOS, WILLIAM A
STREET ADDRESS	29 BROADWAY
CITY-STATE-ZIP	NEW YORK, NY 00000
TITLE	VD
NAME	LAMBOS, THEODORA K
STREET ADDRESS	29 BROADWAY
CITY-STATE-ZIP	NEW YORK, NY 00000
TITLE	AS
NAME	GIARDINO, CAROL
STREET ADDRESS	29 BROADWAY
CITY-STATE-ZIP	NEW YORK, NY 00000
TITLE	PD
NAME	GIARDINO, LUCIE
STREET ADDRESS	29 BROADWAY
CITY-STATE-ZIP	NEW YORK, NY 00000
TITLE	SD
NAME	LAMBOS, CONSTANTINE P
STREET ADDRESS	29 BROADWAY
CITY-STATE-ZIP	NEW YORK, NY 00000

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DELETE
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
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 110.07(3)(d), 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 the 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 no address.

SIGNATURE:

Constantine P. Lambos, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Division/Office #