

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

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Jul 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 264788 (1)

1. Corporation Name
CAMPUS LANDS CORP.



Principal Place of Business 29 BROADWAY NEW YORK NY 10006	Mailing Address 29 BROADWAY NEW YORK NY 10006-3201
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/07/1972	3a. Date of Last Report 03/11/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1009741	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAMBOS, CONSTANTINE P.	
STREET ADDRESS	29 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAMBOS, WILLIAM A	
STREET ADDRESS	29 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAMBOS, THEODORA K	
STREET ADDRESS	29 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GIARDINO, CAROL	
STREET ADDRESS	29 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GIARDINO, LUCIE	
STREET ADDRESS	29 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* 6/27/97 813-891-6331

CP2E034 (9/96)