

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

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

DOCUMENT # **435423**

(9)

95 MAY - 1 PM 11:30

ALL ABOUT CAMPERS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13251 N.E. 17 AVENUE
NORTH MIAMI, FL 33181

13251 N.E. 17 AVENUE
NORTH MIAMI, FL 33181

DATE OF FILING: 04/26/1994

2. Filing Agent's Name and Address

2a. Mailing Address

21. Filing Agent's Name

26. Filing Agent's Name

22. Filing Agent's Address

27. Filing Agent's Address

23. Filing Agent's City

28. Filing Agent's City

24. Filing Agent's State

29. Filing Agent's State

25. Filing Agent's Zip

30. Filing Agent's Zip

3. Certificate Number	3a. Date of Issuance
11/07/1973	04/26/1994
4. Filing Agent's Number	5. Certificate Number
59-1495977	
6. Filing Agent's Address	7. Filing Agent's City
8. Filing Agent's State	9. Filing Agent's Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOPPEN (ROBERT A.)
8202 N.E. 2ND AVE.,
MIAMI, FL 33138

11. Filing Agent's Name	12. Filing Agent's Address
13. Filing Agent's City	14. Filing Agent's State
15. Filing Agent's Zip	16. Filing Agent's Zip

11. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am qualified to act as a registered agent for the corporation named herein.

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13. Filing Agent's Name	14. Filing Agent's Address
PD FECHT (RONALD G.)	
1730 NE 140 STREET	
NORTH MIAMI FL	
15. Filing Agent's City	16. Filing Agent's State
17. Filing Agent's Zip	18. Filing Agent's Zip

14. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am qualified to act as a registered agent for the corporation named herein.

SIGNATURE: *[Signature]* 4/11/95 305/895-1690
MINIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR