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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 442383

1. Corporation Name CAMPANILE MOTOR SERVICES, INC.				
CAMITAINILE MOTOR SERVICES, INC.				1 (49)() (4)() (1)() (1)() (1)() (1)() (1)() (1)() (1)() (1)() (1)() (1)() (1)() (1)() (1)() (1)() (1)() (1)()
Principal Place of Business Mailing Address				[(9011) \$1611 0 (\$10 (1800 1115) (0100 1111 01011 01011 01011 01011 01011 01011
12050 N E 14TH AVE 12050 N E 14TH AVENUE				
MIAMI FL 33161	İ	SUITE 300		DO NOT WRITE IN THIS SPACE
US		MIAMI FL 33161 US		3. Date Incorporated or Qualifed
		•		10/10/1974
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		59-1544072 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28	Country	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	9. Name and Address of Current		1	10. Name and Address of New Registered Agent
or realities and readings of Catholic regions and State of State o				
CAMPANALE, MICHAEL J			92 Street	Address (P.O. Box Number is Not Acceptable)
12050 N E 14TH AVENUE			82 Street	oo Belvedire Road
8390 N.W. 53RD STREET			83	
NORTH MIAMI FL 33161			84 City ,	85 Zip-Gode (6.6
+			Jest falm Beach FL 33406	
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 families with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	- KOBC	mon a ba	Registered Agent signature in	
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDV	X) DELETE	1.1 TITLE	Change X Addition
NAME	CAMPANILE, MICHAEL J.		1.2 NAME	LOUPINGTON VINCENT A. N.W.
STREET ADDRESS	12050 NE 14TH AVENUE		1.3 STREET ADDRESS	U5 8 C 10 C 1
CITY+ST-ZIP	NORTH MIAMI FL 33161	V	1.4 CITY+ST+ZIP	Locatington, DC 20016
TITLE	V	DELETE	2.1 TITLE	☐ Change Addition
NAME	CAMPANILE, MICHAEL JR.		2.2 NAME	Thomas Guy 4630 Wisconsin Ave N.W.
STREET ADDRESS	12050 NE 14TH AVENUE		2.3 STREET ADDRESS	12136 MISCONGIN NO 20016
CITY-ST-ZIP	MIAMI FL 33161		2.4 CITY-ST-ZIP	
TITLE	\$	X DELETE	3.1 TITLE	So Change Addition
NAME	CAMPANILE, TANGI		. 3.2 NAME	Tailen, Don R. Ave N.W.
STREET ADDRESS	12050 NE.14TH AVENUE		3.3 STREET ADDRESS	Boshington, OC 20016
CITY-ST-ZIP	NORTH MIAMI FL 33161	Documen	3.4. CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	4.1 TITLE	whether DWIN
NAME			4. 2 NAME	ucan Wisconsin Ave N.W.
STREET ADDRESS			4.3 STREET ADDRESS	Washington, DC 20016
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	VP ☐ Change
			5.2 NAME	Robert Horman 1500 Belvedeve Road West Palm Beach, 71 33406
NAME STREET ADDRESS			5.3 STREET ADDRESS	1500 Belvedove Road
CITY-ST-ZIP			5.4 CITY-ST-ZIP	west falm Beach, 71 33406
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADORESS		-	6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I 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 ettachment with an address, with all other life empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99 (202)895-1200 Date | 0aytims Phone #