

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
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95 MAY -1 AM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **617192** (0)  
1. Corporation Name  
**CAMPAGNOLO REALTY, INC.**

Principal Place of Business: **1227 DEL PRADO BLVD. CAPE CORAL FL 33990**  
Mailing Address: **1227 DEL PRADO BLVD. CAPE CORAL FL 33990**

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>04/12/1979</b>  | 3a. Date of Last Report<br><b>02/15/1994</b>           |
| 4. FEI Number<br><b>59-1902759</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contributions<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under § 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Co.<br><b>24</b>                            | Country<br><b>25</b>             |
| Co.<br><b>29</b>                            | Country<br><b>30</b>             |

|   |  |  |           |              |
|---|--|--|-----------|--------------|
| 9. Name and Address of Current Registered Agent<br><b>CAMPAGNOLO, ROGER J<br/>1227 DEL PRADO BLVD<br/>SUITE 101-102<br/>CAPE CORAL FL 33990</b> |  | 10. Name and Address of New Registered Agent           |           |              |
|   |  | B1. Name   |           |              |
|   |  | B2. Street Address (P.O. Box Number is Not Acceptable) |           |              |
|   |  | B3.  |           |              |
|   |  | B4. City   | <b>FL</b> | B5. Zip Code |

11. Pursuant to the provisions of Sections 1917.0502 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: \_\_\_\_\_ DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|--|---|
| TITLE                      | PD                   | 1. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CAMPAGNOLO, ROGER J  | 2. NAME  |   |
| STREET ADDRESS             | 1227 DEL PRADO BLVD  | 3. STREET ADDRESS                                      |   |
| CITY & STATE               | CAPE CORAL, FL 00000 | 4. CITY & STATE  |   |
| TITLE                      |                      | 5. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 6. NAME  |   |
| STREET ADDRESS             |                      | 7. STREET ADDRESS                                      |   |
| CITY & STATE               |                      | 8. CITY & STATE  |   |
| TITLE                      |                      | 9. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 10. NAME   |   |
| STREET ADDRESS             |                      | 11. STREET ADDRESS                                     |   |
| CITY & STATE               |                      | 12. CITY & STATE                                       |   |
| TITLE                      |                      | 13. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 14. NAME   |   |
| STREET ADDRESS             |                      | 15. STREET ADDRESS                                     |   |
| CITY & STATE               |                      | 16. CITY & STATE                                       |   |
| TITLE                      |                      | 17. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 18. NAME   |   |
| STREET ADDRESS             |                      | 19. STREET ADDRESS                                     |   |
| CITY & STATE               |                      | 20. CITY & STATE                                       |   |

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 119.07(1)(b), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a completed filing as an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Roger Campagnolo**

5/1 579 2262