

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90097 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000001428

1. Corporation Name
SUSAN CAMPOS, INC.



Principal Place of Business
**412 EHILANI ST.
PUKALANI HI 96768**

Mailing Address
**412 EHILANI ST.
PUKALANI HI 96768**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5775 FERNLEY DR W		2a. Mailing Address 26 5775 Fernley DR W		3. Date Incorporated or Qualified 03/12/1998	
Suite, Apt. #, etc. 22 93		Suite, Apt. #, etc. 27 93		4. FEI Number 99-0189522	
City & State 23 W. PALM BEACH, FL		City & State 28 W. Palm Beach, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33415		Zip 29 33415		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ARONSON, GLADYS M
5775 FERNLEY DR., W., #93
WEST PALM BEACH FL 33415**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPOS, SUSAN	1.2 NAME	
STREET ADDRESS	412 EHILANI ST.	1.3 STREET ADDRESS	5775 Fernley Dr W #93
CITY-ST-ZIP	PUKALANI HI 96768	1.4 CITY-ST-ZIP	W Palm Beach, FL 33415
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPOS, SUSAN	2.2 NAME	
STREET ADDRESS	412 EHILANI ST.	2.3 STREET ADDRESS	5775 Fernley Dr W #93
CITY-ST-ZIP	PUKALANI HI 96768	2.4 CITY-ST-ZIP	W Palm Beach, FL 33415
TITLE	SDC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKS, MARILYN	3.2 NAME	
STREET ADDRESS	478 KAIKALU LOOP	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAKAWAO HI 96768	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPOS, RANDALL	4.2 NAME	
STREET ADDRESS	62 WINCHESTER DR.	4.3 STREET ADDRESS	441 Buck Island Rd Unit E-6
CITY-ST-ZIP	SOUTH DENNIS MA 02660	4.4 CITY-ST-ZIP	W. YARMOUTH, MA 02673
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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 attachment with an address, with all other like empowered.

SIGNATURE: *Susan Campos* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 11, 1999 (561) 641-6130

Date

Daytime Phone #

CR2E034 (11/98)