FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H54094** **(8)**

1. Corporation Name

ANGELA CAMPO INC.

Principal Place of Business

4248 NO OCEAN BLVD
JENSEN BCH FL 34957
US

Mailing Address

8880 S. OCEAN DR.
JENSEN BEACH FL 34957

2. Principal Place of Business

21 Street Address
22 City & State
23 Zip 24 County 25

2a. Mailing Address

26 Street Address
27 City & State
28 Zip 29 County 30

3. Date Incorporated or Qualified: 04/26/1985

3a. Date of Last Report: 01/13/1995

4. FEI Number: 59-2533450 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

CAMPO, ANGELA
8880 S OCEAN DRIVE
JENSEN BEACH FL 34957

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 Section 607.0505 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

12. OFFICERS AND DIRECTORS

[ ] DELETE
D
CAMPO, ANGELA
8880 S OCEAN DRIVE
JENSEN BEACH FL

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing, or voluntarily furnished on a date not qualify for the exemption stated in Section 119.07(3)(k), 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 is entered in Block 11 with an address.

SIGNATURE: Angela Campo — SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/96 — Date

407 225-1800 — Daytime Phone