
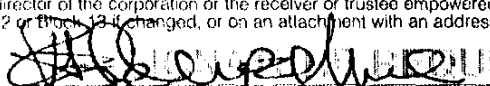


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M72549 (2) 1. Corporation Name CRAGAN CAMPPELLONE & ASSOCIATES, INC.					
Principal Place of Business % RAE ANNE CAMPPELLONE 4589 LIGHTHOUSE CIRCLE ORLANDO FL 32808 US			Mailing Address % RAE ANNE CAMPPELLONE 4589 LIGHTHOUSE CIRCLE ORLANDO FL 32808-1224 US		
2. Principal Place of Business 21 100 S. ORANGE AVE Suite, Apt. #, etc. 22 # 410 City & State 23 ORLANDO FL Zip 24 32801 Country 25 ORANGE		2a. Mailing Address 26 100 S. ORANGE AVE Suite, Apt. #, etc. 27 # 410 City & State 28 ORLANDO FL Zip 29 32801 Country 30 ORANGE		3. Date Incorporated or Qualified 03/14/1988	
				3a. Date of Last Report 07/05/1996	
				4. FEI Number 59-2880128	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CAMPPELLONE, RAE ANNE 4589 LIGHTHOUSE CIRCLE ORLANDO FL 32809			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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPPELLONE, RAE ANNE		12 NAME		
STREET ADDRESS	4589 LIGHTHOUSE CIRCLE		13 STREET ADDRESS		
CITY-ST- ZIP	ORLANDO FL		14 CITY-ST- ZIP		
TITLE	D	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPPELLONE, MICHELINA		22 NAME		
STREET ADDRESS	1108 BONNIE LOU DR.		23 STREET ADDRESS		
CITY-ST- ZIP	ORLANDO FL		24 CITY-ST- ZIP		
TITLE	D	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAGAN, MICHAEL G.		32 NAME		
STREET ADDRESS	6233 ALBETH RD.		33 STREET ADDRESS		
CITY-ST- ZIP	ORLANDO FL		34 CITY-ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST- ZIP			44 CITY-ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST- ZIP			54 CITY-ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST- ZIP			64 CITY-ST- ZIP		
14. I do 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.					
SIGNATURE: 			4/10/97		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)