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

PROFIT CORPORATION ANNUAL REPORT

1998

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24

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000002724 (2)

Country

9. Name and Address of Current Registered Agent

Block 12 or Block 13 if changed, or on an attachment with an address.

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CAMPANILE, LOUIS R 1443 S. MIAMI AVE

CAMPANILE ENGINEERING CO.

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Suite, Apt. #, etc.

City & State

Zip

FILED Apr 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

□ No

Not Applicable

11/05/1992

82 Street Address (P.O. Box Number is Not Acceptable)

65-0574188

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

| SUITE B | | L | | | ┚ | |
|--|---|------------|-----------|-------------|---|----|
| | MI FL 33130 | | 83 | | · · · · · · · · · · · · · · · · · · · | |
| | | | 84 | City | 85 Zip Code | 1 |
| | | | | 0.0, | FL 63 210 COOP | |
| 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 applica | | | ent signati | ure required when reinstating) DATE | li |
| 12. | OFFICERS AND DIRECTORS | | 3. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | 18 |
| TITLE | PD | _ | 1 TITLE | | Change Addition | ļ |
| NAME | CAMPANILE, LOUIS R | 1 | 2 NAME | | | 3 |
| STREET ADDRESS | 1443 S. MIAMI AVE., STE B | 1 | 3 STREE | ADORES: | ; | Į |
| CITY-ST-ZIP | MJAMI FL 33130 | | CITY- | T-ZIP | | ķ |
| TITLE | VP D | DELETE 2 | TITLE | | ☐ Change ☐ Addition | ١, |
| NAME | CAMPANILE, ANTHONY | 2 | 2 NAME | | | l |
| STREET ADDRESS | 1443 S. MIAMI AVE., STE B | 2 | 3 STREE | ADDRESS | ; [| |
| CITY-ST-ZIP | MIAMI FL 33130 | | 4 CITY- | ST-ZIP | | |
| TITLE | STD | DELETE 3 | 1 TITLE | | ☐ Change ☐ Addition | ļ |
| NAME | CAMPANILE, EVELINE | 3. | 2 NAME | | | l |
| STREET ADDRESS | 1443 S. MIAMI AVE., STE B | 3 | 3 STREE | ADDRESS | | l |
| CITY-ST-ZIP | MAMI FL 33130 | | 4. CITY- | ST-ZIP | | |
| TITLE | | DELETE 4 | TITLE | | ☐ Change ☐ Addition | |
| NAME | | 4 | 2 NAME | | | |
| STREET ADDRESS | | 4. | STAEE | ADDRESS | ; | |
| CITY-ST-ZIP | <u> </u> | 14 | 4 C(TY- | ST-ZIP | | 1 |
| TITLE | | ☐ DELETE 5 | 1 TITLE | | ☐ Change ☐ Addition | |
| NAME | | 5 | NAME | | | |
| STREET ADDRESS | | 5 | 3 STAEE | ADDRESS | | ĺ |
| CITY-ST-ZIP | | | CITY- | T-21P | | |
| TITLE | | DELETE 6. | 6.1 TITLE | | Change Addition | l |
| NAME | | 6 | 2 NAME | | | ĺ |
| STREET ADDRESS | | 6. | STREE | ADDRESS | i] | ı |
| CITY-ST-ZIP | | | CITY- | | | ĺ |
| 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 suppliemental 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 | | | | | | |

Country

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