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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300001177 (3)

CAMPBELL & COMPANY, INC.

FILED Feb 10 1998 8:00am Secretary of State

813.286 3862

Principal Place of Business Mailing Address					1 (\$\$((\$\$(1)\$ (\$15\$ (\$1)) \$\$(1)	ii esiii esii esii): 11 99 1 11 9 11 1991	
4830 W KENNEDY. #560. ONE URBAN CENTRE 4830 W KENNEDY. #56 GTE-106. ONE URBAN CENTRE								
gte 106. Tampa Fl 336	809	TAMPA FL 33609			DO NOT WRITE IN THIS SPACE			
US		3	3. Date Incorporated or Qualified					
- D:		Ta Maria			01/07/1993 I. FEI Number		116	
	lace of Business	2a. Mailing Address	Cale	1	•		 	pplied For ot Applicable
21 OAL C Suite, Apt.	1/ban Centie	Suite, Apt. #, etc.	3 Cenire		59-3157132			Additional
		1027 4410 W. Kenn	do Blud = 5	ا ن کا	Certificate of Status Desired	з Ц		equired
City & State	e	City & State			6. Election Campaign Financin	ng	\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zıp ──_	Country	2φ	Country	6	3. This corporation owes or ha			
24	25 25 Name and Address of Curren	4	30		Personal Property Tax due D. Name and Address of Nev			_ No
		i negisteteu Agent	81 Name		U. Hallie and Addition of the	rilogistorou	- Agoin	
	MPBELL, MELITA							
	E URBAN CENTRE 10 W KENNEDY, #500		62 Street	: Address ((P.O. Box Number is Not Acce	ptable)		
	MPA FL 33609		83		1/ 1 2/			
1740	MFA FL 33009		4550	<u>s w.</u>	Kennedy Bud	<u>* 550</u>	lor l Zio	Code
•			84 City		,	FL	85 Zip	C006
SIGNATURE	m familiar with, and accept the obligation of th	of and alle it apple able (NOTE	Registered Agent signature	re required wh		DATE	D DIDE #TO!	
12.	OFFICERS AND	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO C	FFICERS AN	Change	Addition
TITLE NAME	D CAMPORIL MELITA	בן טנננונ	1.1 TITLE 1.2 NAME				Lig Orange	
STREET ADORESS	CAMPBELL, MELITA ONE URBAN CENTRE, 4830 V	N KENNEDY 4560.	1.3 STREET ADDRESS	UNE	Ulban Centre, 4	830 (3.1	(ensed)	Blue SS
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NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby c indicated officer or	certify that the information supplied w I on this annual report or supplementa director of the corporation of the rect or Block 13 if changed, or on an alla	with this filling does not qualify fo al annual report is true and accu- piver or trustee empowered to e	62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP or the exemption state	ted in Sec				