FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #	P94000059529	(5)
CARLOS ARABA AMAMAMA AAAA		

CAMPUS MANAGEMENT CORP. Mailing Address Principal Place of Business 501 FAIRWAY DR #250 501 FAIRWAY DR #210 **DEERFIELD BEACH FL 33441** DEERFIELD BEACH FL 33441 ŲS 3. Date Incorporated or Qualified 3a. Date of Last Report 08/10/1994 05/25/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 10 Fairway 65-0518155 Not Applicable 21 10 Fairway Drive \$8,75 Additional Suite, Apt. #, etc Suite Apt. #. etc 5. Certificate of Status Desired Fee Required #30~ #30 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has fiability for intangible tax under s. 199.032 JSA Yes No Florida Statutes 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DOGGETT, RICHARD G Street Address (P.O. Box Number is Not Acceptable) 82 501 FAIRWAY DR.; #210 83 **DEERFIELD BEACH FL 33441** 85 Zip Code 84 City FL 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 Criange Addition DELETE 1. 1 TITLE TITLE 1.2 NAME DOGGETT, RICHARD G NAME 1.3 STREET ADDRESS STREET ADDRESS 501 FAIRWAY DRIVE, SUITE 250 DEERFIELD BEACH FL 14 CITY - ST - Z.P. CITY - ST - ZIP Addition Change DELETE 2 1 THILE TiT: E WELLS, PETER 2.2 NAME NAME 23411 San Re 501 FAIRWAY DR. SUITE 250 2.3 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 2.4 CHY-ST-20 CITY - 51 - 7IP Change Addition DELETE 3 1 11115 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP ☐ Change Addition DELETE 4 1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.0(1) - ST - ZIF CITY-ST-ZIP Chance Add tion DELETE 5 1 THUE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - 7IP CHTY - ST - ZIP DELETE ☐ Change Addition 6 1 THILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 64 CHTY - ST. ZIP CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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

CR2E034 (12/95)

oath; that I am an officer or director of the corporation or the recappears in Block 12 or Block 13 if changed, or on an attach in the Hè, dega 2/27/91 305-480-9100 TORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR