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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400074938 (9)

JOHN I. CAMPO D.C., P.A.

Principal Place of Business Mailing Address						- 3 (69)(60) (10 URIN BION BONI BONI BONI BONI BONI BONI BION BION
3105 W. WATERS AVE SUITE 205 TAMPA FL 33614		C/O WALTER SANDERS 13910 N DALE MABRY SUITE 1 TAMPA FL 33618 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
						10/12/1994
	lace of Business	2a. Mailing Address				4. FEI Number Applied For
Suite, Apt.	# 610	Suite Ant # etc	Suite, Apt. #, etc.			59-3271751 Not Applicable \$8.75 Additional
22	π, θιο.	F-7	27			5. Certificate of Status Desired Fee Required
City & State	9	City & State	<u> </u>			6. Election Campaign Financing \$5.00 May Be
23		28	. 			Trust Fund Contribution
Zip	Country	Zip	·			8. This corporation owes or has paid the current year Intangible
24	25 29 30 30		30			Personal Property Tax due June 30. X Yes J No 10. Name and Address of New Registered Agent
91 Name						IV, Harre and Address of New Hogelered Agent
SANDERS, WALTER 13910 N. DALE MABRY HIGHWAY				-		
	TE 1			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
TAMPA FL 33618			l	83		
				84	City	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. Lam∖famjliar with₁ and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typod of printed name of registered age	nt sout little it som coder (NOTE	Bearstered	i Aoci	nt signature require	VALTER SANDERS 2-26-98
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 10	1.1 TITLE		Change Addition
NAME CAMPO, JOHN I			1.2 NA	ME		
STREET ADDRESS 3105 W. WATERS AVE., SUITE		E 205	1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33614	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		T · ZIP	☐ Change ☐ Addition
TITLE NAME			2.1 IIILS 2.2 NAMÉ			C Onlings C reduitor
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			2. 4 CITY - S			48
TITLE		☐ DELETE	ELETE 3.1 TITLE			Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET.	address	
CITY-ST-ZIP		Druttr	3.4. CITY-ST-ZIP DELETE 4.1 TITLE		IT-ZIP	Change Addition
TITLE						Change C Addition
NAME Street Address			4. 2 N		ADDRESS	
STMEET AUDRESS CITY-ST-2IP			4.4 CI			
TITLE		DELETE 5.1 1				☐ Change ☐ Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET.	ADDRESS	
CITY-ST-ZIP		····	5.4 CITY-ST-ZIP		T-ZIP	
TITLE		☐ DELETE	6.1 1(1			Change Addilion
NAME	•		6 2 NA	ME	1000000	

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 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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.