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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnami Secretary of State DIVISION OF CORPORATIONS

1996

P95000011942 (6) **DOCUMENT #**

CAMPBELL CAPITAL CORP.

Principal	Place of	Business

Mailing Address

MIST WE ISSTU STORET

2151 N.F. 155TH STREET



NORTH MIAMI FL 33162		NORTH MIAMI FL 33162							
					3. Date Incorporated of Qualified 02/13/1995	3a. Dale	of Last R	eport	
2. Principal Pla		- 4	2a. Mailing Address		4 .	4. FEI Nuniber	·· k	 ,	Applied For
21 2812 NW 35 th ST		26 2 P/L NW 35 55		65-0568847		Not App			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	¢o 7			
City & State		City & State		=/-	6. Election Campaign Financing		\$5.00 May Be		
23 M//3 Zip	~ \	Country	28 M / Aby 1	Countr		Trust Fund Contribution			d to Fees
24 3 317	/ - 25	Opda	29 33142	30 /	ala	This corporation has liability for Florida Statutes	intangible tax ☐ No	under s	199.032,
	9. Name and	Address of Current	Registered Agent	130	17.4	10. Name and Address of New F		pent	
	, INC. W. 16TH STRI AUDERDALE F			8: 8: 8:	Street A	Address (P.O. Box Number is Not Acceptate	Ry ole) St	85 Zip	o Code
44.5		7.6			N	1/Am	FL_	3	314.
or registere	od agent, or both	i, in the State of Horal	and cov. 1506, Florida Statute: a: Such change was authorize in 607.0505, Florida Statutes	s, trie above of by the cor	named col poration's t	rporation submits this statement for the pu board of directors. I hereby accept the app	rpose of char ointrient as r B/22/	egistered ,	egistered office 1 agent Tam
	Signature, typical or feet	matinana uthagalahadasan s	runtes in applicable (NO)	*************	encisge i la la	cured when as its idea;	DATE		
12.		OFFICERS AND	DIRECTORS	13.	т	ADDITIONS/CHANGES TO OFF			
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NAME				6.2 NAME					
STREET ADDRESS				€3 \$TREE	1 ADDRESS				
CITY+ST-ZIP				6.4 CITY -					
14. Ldo hereby	certify that the i	nformation supplied w	ith this filma is voluntarily furnis	shed and do	es not qual	ify for the exemption stated in Section 119.	07/31/k) Elori	da Statut	os I furfivir

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 13 if changed for ori an attachment with an address.

SIGNATURE:

2/22/96 (305/633-8889.