## 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 # P95000016410 (9)

CAMPAIGN DATA, INC.

**FILED** Feb 04 1998 8:00am Secretary of State



305-362

7801 NW 68 ST		1708 W 75 ST	,		
#109	M 00 .	HIALEAH FL 33014			DO NOT WRITE IN THIS SPACE
	<del>1100 a.</del>	U\$			3. Date Incorporated or Qualified  02/27/1995
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21		26			65-0566179 Not Applicat
Suite, Apt	. <b>#, 9</b> tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	This corporation owes or has paid the current year Intangible
24	<del>}</del> 1	25 29 30		•	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
C	OCHRAN, HUGH A		81	Name	
	708 W 75 ST			01	diamental Company of the Company of
	IALEAH FL 33014		62	Street A	ddress (P.O. Box Number is Not Acceptable)
			63		
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607 1508. Florida Statute	es the abov	e-named c	corporation submits this statement for the purpose of changing its registere
office or agent. I s	registered agent, or both, in the Sta am familiar with, and accept the obli	le of Florida. Such change was a gations of, Section 607.0505, Flo	authorized b orida Statute	y the corpo s.	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTI	E Registered Ag	ent signature re	equired when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	COCHRAN, LYNEA E		1.2 NAME		
STREET ADDRESS	7601 NW 68 ST		1.3 STREE	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY - 9	ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE		Change Addition
NAME	COCHRAN, HUGH A		2.2 NAME	1	
STREET ADDRESS	7601 NW 68 ST		2.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166		2. 4 CITY -	ST-ZIP	
TITLE	]	DELETÉ 3.1 T			Change Addition
NAME	i		3.2 NAME	ŀ	
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP	<u> </u>		3.4. CITY-	ST - ZIP	
TITLE		DELETE	41 TITLE	1	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	1	
CITY-ST-ZIP	-	TT DOLLAR	4.4 DITY-5	ST - ZIP	D Ohnner D 4420
TITLE		☐ DELE <b>TE</b>	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	1000000	
STREET ADDRESS			5.3 STREET		
CITY-ST-ZIP		DELETE	5.4 CITY - 9	T-ZIP	☐ Change ☐ Additio
TITLE			6.1 TITLE		∟ Change ∟ Apoint
NAME			6.2 NAME	1000555	
STREET ADDRESS			6.3 STREET		
CITY-ST-ZIP	certify that the information supplied	with this filling does not qualify-to	6.4 CITY-S	tion stated	in Section 119 07(3)(i) Florida Statutes. I further certify that the information
Indicated officer or Block 12	on this annual report or supplement director of the corporation or the re- or Block 13 if changed, or on an arti-	tal annual report is true and accidence for trustee) empoyured to each nept with an address	urate and the	at my sign: report as r	I in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in