**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000016410

1. Corporation Name

CAMPAIGN DATA, INC.

Principal Place of Rusiness

Mailing Address

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90194 036 \*\*\*150.00



| Fillioparriace  | or Dusiness   | maining riddross                   |                          |   |   |                 |               |  |
|-----------------|---|------------------------------------|--------------------------|---|---|-----------------|---------------|--|
| 7601 NW 68 ST   | •   | 1708 W 75 ST                       |                          |   |   |                 |               |  |
| #103            |   | HIALEAH FL 33014                   |                          |   | DO NOT WOITS IN THE   | C CDACE         |               |  |
| MIAMI FL 33166  | 5   | US                                 |                          |   | DO NOT WRITE IN THI   | 3 SPACE         | <del></del>   |  |
|                 |   |                                    |                          |   | 3. Date Incorporated or Qualifed                              |                 |               |  |
|                 |   |                                    |                          |   | 02/27/1995  |                 |               |  |
| 2. Pripojnati?  | lace of susiness                                    | 2a. Mailing Address                | 1637                     | $\Lambda_{114}$                                       | 4. FEI Number   | <u> </u>        | pplied For    |  |
| 21              | 1 BRICKELL AVE                                      | <del></del>                        | KELL                     | Aut   | 65-0566179  |                 | ot Applicable |  |
|                 | #, etc.   | Suiter, Apt. #, etc.               | 700                      | ١ .   | 5. Certifcate of Status Desired                               |                 | Additional    |  |
| 22 50           | ite 700   | 27 Suite                           | 100                      | ,<br>   |   |                 | equired       |  |
| City & State    |   |                                    |                          |   | 6. Election Campaign Financing                                |                 | May Be        |  |
| 23 V V V        | AMI, FL   | 28 MIPMI                           | 1-6                      |   | Trust Fund Contribution                                       | Added           | to Fees       |  |
| Zio —           | Country   |                                    | Country                  | CA  | 8. This corporation owes the current year Ir                  |                 |               |  |
| 24 55           | .3 25 USA   | 29 00101 30                        | $\cup$                   | 211   | Personal Property Tax.  | Yes             | □No           |  |
|                 | 9. Name and Address of Current                      | Registered Agent                   |                          | _   | 10. Name and Address of New Registered                        | Agent           |               |  |
| -               | ANDAM THIOLIA                                       |                                    | 81                       | Name  | •   |                 |               |  |
| COCHRAN, HUGH A |   |                                    |                          | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                 |               |  |
| 1708 W 75 ST    |   |                                    |                          | 0501.70   | ( , , , , , , , , , , , , , , , , , , ,                       |                 |               |  |
| HIAL            | EAH FL 33014  |                                    | 83                       | T   |   |                 |               |  |
|                 |   |                                    |                          |   | · · · · · · · · · · · · · · · · · · ·                         |                 | C-1-          |  |
|                 |   |                                    | 84                       | City  | FI  | 85 Zip          | Code          |  |
| 44 Percuant     | to the provisions of Sections 607 0500              | 2 and 607 1508 Florida Statutes 1  | he abovi                 | e-named co  | progration submits this statement for the purpose of          | of changing its | s registered  |  |
| office or re    | edistered agent or both in the State (              | of Florida. Such change was autho  | mzed by                  | the corpora   | ation's board of directors. I hereby accept the app           | ointment as re  | egistered     |  |
| agent. I ar     | m familiar with, and accept the obligat             | ions of, Section 607.0505, Florida | Statutes                 | i.  |   |                 |               |  |
| SIGNATURE       |   |                                    |                          |   | uired when reinstating) DATE                                  |                 |               |  |
|                 | Signature, typed or printed name of registered agen |                                    |                          | nt signature requ                                     | uired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A | NO DIRECTO      | OPS IN 12     |  |
| 12.             | OFFICERS AN   |                                    | 13.                      |   | ADDITIONS/CHANGES TO OFFICERS A                               | Change          | ☐ Addition    |  |
| TITLE           | COCHDAN LYNGA F                                     | □ pere₁s                           | 1.1 TITLE                | {   |   | <u> </u>        |               |  |
| NAME            | COCHRAN, LYNEA E                                    |                                    | 1.2 NAME                 | ١.  | 75 ST   |                 |               |  |
| STREET ADDRESS  | 7601 NW 68 ST                                       | 1                                  | 1.3 STREE                | TADDRESS  | 1708 W 75 ST.<br>HIPLEAH, FL 33014                            |                 | ļ             |  |
| CITY-ST-ZIP     | MIAMI FL 33166                                      |                                    | 1.4 CITY-S               | T-ZIP   | HIACEAH, FL 33014   |                 |               |  |
| TITLE           | P   | ☐ DELETE                           | 2.1 TITLE                | İ   | •   | Change          | ☐ Addition    |  |
| NAME            | COCHRAN, HUGH A                                     |                                    | 2.2 NAME                 |   |   |                 | 1             |  |
| STREET ADDRESS  | 7601 NW 68 ST                                       | 1                                  | 2.3 STREET               | T ADDRESS   | 1708 W 75 ST  |                 | \             |  |
| CITY-ST-ZIP     | MIAMI FL 33166                                      |                                    | 2.4 CITY-S               | ST-ZIP  | HIALEAH, FL 3301  | 4               | -             |  |
| TITLE           | y   |                                    | 3.1 TITLE                |   |   | Change          | ☐ Addition    |  |
| NAME            | ř,  | Ţ                                  | 3.2 NAME                 | -   |   |                 | .             |  |
|                 |   |                                    |                          | T ADDRESS   |   |                 | ļ             |  |
| STREET ADDRESS  |   |                                    |                          |   |   |                 |               |  |
| CITY-ST-ZIP     |   |                                    | 3.4. CITY-S<br>4.1 TITLE | 01-41   |   | ☐ Change        | Addition      |  |
| TITLE           |   | _                                  |                          |   |   |                 |               |  |
| NAME            |   |                                    | 4. 2 NAME                |   | •   |                 | ļ             |  |
| STREET ADDRESS  | 1   |                                    |                          | TADDRESS  |   |                 |               |  |
| CITY-ST-ZIP     |   |                                    | 4.4 CITY-S               | T-ZIP   |   |                 |               |  |
| TITLE           |   |                                    | 5.1 TITLE                |   |   | . Change        | ☐ Addition    |  |
| NAME            | 1   | <u> </u>                           | 5.2 NAME                 | - [   |   |                 | ļ             |  |
| STREET ADDRESS  |   |                                    | 5.3 STREE                | T ADDRESS   |   |                 |               |  |
| CITY-ST-ZIP     | •   |                                    | 5.4 CITY-S               | T-ZIP   | <u> </u>  |                 |               |  |
| TITLE           |   | ☐ DELETE                           | 6.1 TITLE                |   |   | ☐ Change        | ☐ Addition    |  |
| NAME            |   |                                    | 6.2 NAME                 |   |   |                 | • •           |  |
| STREET ADDRESS  |   | 1                                  | 6.3 STREE                | TADORESS  | •   |                 |               |  |
| CITY ST. 7ID    |   | Į.                                 | 6.4 CITY-S               | ı   |   |                 | ļ             |  |
| I CITY_ST.7IP   |   |                                    | 0.4 OII 1 " O            |   |   |                 | ,             |  |

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 securate 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 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an adachine my with an address, with all other like empowered.

SIGNATURE: