FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000022998 (5)**

1. Corporation Name

CAMPUS PARTNERS, INC.

Principal Place of Business	Mailing Address
12710 NW 19TH MANOR CORAL SPRINGS FL 33071	12710 NW 19TH MANOR CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified: 03/21/1995

3a. Date of Last Report:

4. FEI Number: ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 8935 RAMBLEWOOD DR.	26 P.O. BOX 770354
22 Suite, Apt. #, etc. #2409	27 Suite, Apt. #, etc. CORAL SPRINGS
23 City & State CORAL SPRINGS	28 City & State FL
24 Zip FL 33071 25 Country ~~USA~~	29 Zip 33077 30 Country USA

9. Name and Address of Current Registered Agent

~~RICKER, NANCY J~~
~~12710 NW 19TH MANOR~~
~~CORAL SPRINGS FL 33071~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 8935 RAMBLEWOOD DR. #2409

83

84 City CORAL SPRINGS FL 85 Zip Code 33071

11. Pursuant to the provisions of Sections 607.0501 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Nancy Ricker 5/30/96
Signature, typed or printed name of registered agent and title, if applicable. (Only Registered Agent's signature required when filed alone.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHN M. RICKER		1.2 NAME	
STREET ADDRESS	8935 RAMBLEWOOD DR #2409		1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP	
TITLE	~~VICE~~ VICE PRESIDENT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NANCY RICKER		2.2 NAME	
STREET ADDRESS	8935 RAMBLEWOOD DR. #2409		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	000001856970
STREET ADDRESS			5.3 STREET ADDRESS	-06/10/96--01021-~~000~~033
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***225.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	6-10-96
STREET ADDRESS			6.3 STREET ADDRESS	~~DAER~~
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John M. Ricker PRESIDENT JOHN M. RICKER 5/30/96 954-346-8754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #