May 05, 1999 8:00 am Secretary of State

05-05-1999 90197 021 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000030086 1. Corporation Name

CAMBIO REAL ESTATE SERVICES, INC.

						(1 88 - 112) (16 11 - 1611) 	6)
Principal Place of Business		Mailing Address		T (MB))(Mb) (18)A)(A) B()(4 BA)(1 AB)(1 BA)(1 BA)	1100 11111 AUIT AUIT AUIT I	U11 U 4111 (8 U1	
23123 SOUTH S.R. 7		23123 SOUTH S.R. 7		Į.			
STE 301		STE 301		DO NOT WRITE IN THIS SPACE			
BOCA RATON FL 33428 US		BOCA RATON FL 33428 US		3. Date Incorporated or Qualifed			
00		00			04/18/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	lied For
21		26		65-0600713		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A		
City & State		City & State			 	<u>-</u>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 r Added to		
Zip	Country		Countr	v	This corporation owes the current year		
24	25	29	30	,	Personal Property Tax.		□No
	9. Name and Address of Cur		1		10. Name and Address of New Register	ed Agent	
			81	Name			
	DON, JAMES N		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
23123 SOUTH S.R. 7			<u> </u>	<u> </u>			
	E 255		83	3			
BOU	A RATON FL 33428		84	City		85 Zip C	ode
		000 - 1007 4500 Ft - 44- O. L.			and in authorite this statement for the purpose	- 1 1	registered
office or r	egistered agent, or both, in the Sta	ate of Florida. Such change was a	iuthorized by	/ the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	istered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Flo	rida Statute:	S.			
SIGNATURE	Signature, typed or printed name of registered	arrent and title if applicable (NOTE	Registered Age	ent signature require	d when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	GORDON, JAMES M		1.2 NAME				
STREET ADDRESS	83128 S SR 7 #255						
CITY-ST-ZIP	BOCA RATON FL		1.3 STREE	T ADDRESS			
TITLE			1.4 CITY-5				T A LOW
NAME		☐ DELETE	1.4 CITY-5 2.1 TITLE	ST-ZIP		☐ Change	Addition
		☐ DELETE	1.4 CITY-5 2.1 TITLE 2.2 NAME	ST-ZIP		Change	☐ Addition
STREET ADDRESS		☐ DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	ST-ZIP		☐ Change	☐ Addition
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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 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 with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #