

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000078523 (4)

1. Corporation Name

CAMPUS COLLECTION, INC.

Principal Place of Business

Mailing Address

10752 126TH AVE N  
LARGO FL 34648

10752 126TH AVE N  
LARGO FL 34648



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/09/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3338989	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GOLDEN, REX 556 FIRST AVE N ST PETERSBURG FL 33701				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT HEINICKA, GARY H	1.1 TITLE	
NAME	10752 126TH AVE N	1.2 NAME	
STREET ADDRESS	LARGO FL 34648	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVS GOLDMAN, JEANNE H	2.1 TITLE	
NAME	1908 SECLUDED WOODS LN	2.2 NAME	
STREET ADDRESS	NEPTUNE BEACH FL 32266	2.3 STREET ADDRESS	160 CATTAIL CIRCLE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	D GOLDMAN, DAVID S	3.1 TITLE	
NAME	1908 SECLUDED WOODS LN	3.2 NAME	
STREET ADDRESS	NEPTUNE BEACH FL 32266	3.3 STREET ADDRESS	160 Cattail Circle
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	D GOLDMAN, HOLLI C	4.1 TITLE	
NAME	13 SW 28TH STREET	4.2 NAME	
STREET ADDRESS	GAINESVILLE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, upon an attachment with an address.

SIGNATURE: *[Signature]* Gary H. Heinicka 4-19-98 813 281-2301

CR2E034 (10/97)