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 # P95000083082 (4)

1. Corporation Name
CAMPI CO.

Principal Place of Business
4647 STONERIDGE TRAIL
SARASOTA FL 34232

Mailing Address
~~% J. GEOFFREY PFLUGNER~~
~~2033 MAIN ST. SUITE 101~~
~~SARASOTA FL 34237~~

3. Date Incorporated or Qualified: 10/30/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 4647 STONE RIDGE TR
Suite, Apt. #, etc
27
City & State
28 SARASOTA FL 34232
Zip 29 Country 30 USA

4. FEI Number: 65-0625052 ☐ 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

9. Name and Address of Current Registered Agent

PFLUGNER, J. GEOFFREY
2033 MAIN ST, SUITE 101
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name MARIO L. COMPARETTO
82 Street Address (P.O. Box Number is Not Acceptable) 4647 STONE RIDGE TR
83
84 City SARASOTA FL FL 85 Zip Code 34232

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: Mario Comparetto] DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	COMPARETTO, MARIO	
STREET ADDRESS	4647 STONERIDGE TRAIL	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	☐ DELETE
NAME	COMPARETTO, DOROTHY	
STREET ADDRESS	4647 STONERIDGE TRAIL	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	100001818081	
4.3 STREET ADDRESS	-05/13/96--01026--022	
4.4 CITY-ST-ZIP	***200.00	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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: MARIO COMPARETTO [signature] DIRECTOR — 4/11/96 — 813-371-7794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)