SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048983 (6)

TOM CAMPBELL AND ASSOCIATES, INC.

7901 D.W. 166 ST.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

B310 N.W. 168 ST MIAMI LAKES FL 33018 Mailing Address

8310 N.W. 168 ST MIAMI LAKES FL 33016 **FILED**

Jul 16 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified

06/06/1996

65-0671387

22	SUITE 43	}3	5. Certificate of Status Desired Fee Required
City & State	City & State	~ =	Election Campaign Financing \$5.00 May Be
23 MIAMI LAKES, FL.	28 MIAMI LAK		Trust Fund Contribution
24 33016 25 DADE	Zip 2201/	DADC	S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
9. Name and Address of Current	29 <u>330/6</u> 30	Drive	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
CAMPBELL NANCY		81 Name	
8310 N.W. 168 ST			
MIAMI LAKES FL 33014		82 Street Address (P.O. Box Number is Not Acceptable)	
INICANII CANCO I C DODIT		83	
·		84 City	NIAMI LAKCS FL 85 32016
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the abo			orporation 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 TOME COMPULAR 714198			
Signature, typed or printed name of pastered agent and tyle if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OF MCERS AND	· ·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P		1.1 TITLE	Change Addition
NAME CAMPBELL, THOMAS E		1.2 NAME	7001 m 10 11/1 ST
STREET ADDRESS 8310 N.W. 168 ST		1.3 STREET ADDRESS	7901 N.W.1665T MIAMI LAKES, FL 33016
CITY-ST-ZIP MIAMI LAKES FL		1.4 CITY-ST-ZIP	
TITLE	(Deccip	2.1 TITLE	Change Addition
NAME		2.2 NAME	* 50
STREET ADDRESS	l l	2.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP TITLE		2.4 CITY-ST-ZIP 3.1 TITLE	
NAME	DECETE	3.2 NAME	Change Addition
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME	L. Dette le	12 NAME	Change (Koohon)
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CHTY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	Change Addition
NAME Y	1.	3.2 NAME	·
STREET ADDRESS	<u> </u>	3.3 STREET ADDRESS	
CITY-S1-ZIP		8.4 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 cath; 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:

TOURS D