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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048983

TOM CA	MPBELL AND ASSOCIATES	S, INC.					
Principal Place	e of Business	Mailing Address			- I I I I I I I I I I I I I I I I I I I	AN OLDON 18110 16161 (9190 1111 11	J #1
7901 NW 166TH ST 15476 NW 77TH CT MIAMI LAKES FL 33016 STE 433 US MIAMI LAKES FL 33016					DO NOT WRITE IN TH	1IS SPACE	
		US			3. Date Incorporated or Qualifed 06/06/1996		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0671387	Not Applicat	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	_	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip Country		⊢	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ✓ No		ĺ
24	25 29				Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Currer	nt Registered Agent	81	Name	TO. Maine and Address of New Register	sa Agent	\dashv
CAM	IPBELL, NANCY]				
7901 NW 166TH ST			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		Ì
MIAMI LAKES FL 33016			83	 			
	5 4.25 12 555.5			L		<u></u>	
			84	1		85 Zip Code	_
l office or o	egistered agent, or both, in the State m familiar with, and accept the obligation of	of Florida. Such change was a ations of Section 607.0505, Florida and title if applicable. (NOTE	uthorized by rida Statutes : Registered Ager	the corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	15/99	
12.	V OFFICERS AND DIRECTORS		13.	 -	ADDITIONS/CHANGES TO OFFICERS	Change Add	
TITLE	P	☐ DELETE	1.1 TITLE			Citalige	10011
NAME	CAMPBELL, THOMAS E		1.2 NAME				
STREET ADDRESS	1001 1111 100111 01			TADDRESS			ł
CITY-ST-ZIP	MIAMI LAKES FL 33016	DELETE	1.4 CITY-S	ST-ZIP		☐ Change ☐ Add	lition
TITLE		☐ DETE €	2.1 TITLE				
NAME			2.2 NAME	TADODECO			
STREET ADDRESS	_ A // Carrent Statement St		1	TADDRESS	· *	•	
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-5	31-Ur		☐ Change ☐ Add	lition
TITLE			3.2 NAME			_ • -•	}
NAME STREET ADDRESS				T ADDRESS			
· ·			3.4. CITY-S				
CITY-ST-ZIP		□ DELETE	4.1 TITLE			☐ Change ☐ Add	lition
NAME		:	4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	,		4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Add	lition
NAME			5.2 NAME				
STREET ADDRESS	Ì		5.3 STREÉ	TANDERE			
I				I ADDRESS			
CITY-ST-ZIP			5.4 CITY-S				
TITLE		☐ DELETE				☐ Change ☐ Add	lition
·	Martin and a	☐ DELETE	5.4 CITY-S			Change Add	lition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP