

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90006 040 \*\*\*150.00

0188259

DOCUMENT # P97000060117

1. Corporation Name  
CAMPCO HOLDINGS, INC.

Principal Place of Business

100 SE 2ND STREET  
28TH FLOOR  
MIAMI FL 33131

Mailing Address

100 SE 2ND STREET  
28TH FLOOR  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
201 S. Biscayne Blvd.  
Suite, Apt. #, etc.  
Suite # 2000  
City & State  
Miami, FL  
Zip  
33131  
Country  
US

2a. Mailing Address  
201 S. Biscayne Blvd.  
Suite, Apt. #, etc.  
Suite # 2000  
City & State  
Miami, FL  
Zip  
33131  
Country  
US

3. Date Incorporated or Qualified

07/09/1997

4. FEI Number

65-0787725

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

AUERBACH, MARC H ESO  
100 SE 2ND STREET  
28TH FLOOR  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

201 S. Biscayne Blvd.

83.

# 2000

84. City

Miami

FL

85. Zip Code  
33131

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

Marc Auverbach

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETED
NAME	LARSEN, STUART	
STREET ADDRESS	7610 SW 61 AVENUE	
CITY-ST-ZIP	S MIAMI FL 33145	
TITLE	P	DELETED
NAME	CAMPBELL, D M	
STREET ADDRESS	7610 SW 61 AVENUE	
CITY-ST-ZIP	S MIAMI FL 33145	
TITLE	VPST	DELETED
NAME	CAMPBELL, HEIDI L	
STREET ADDRESS	7610 SW 61 AVENUE	
CITY-ST-ZIP	S MIAMI FL 33145	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
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	6100 S.W. 76th Street
1.4 CITY-ST-ZIP	Miami, FL 33143
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	6100 S.W. 76th Street
2.4 CITY-ST-ZIP	Miami, FL 33143
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	6100 S.W. 76th Street
3.4 CITY-ST-ZIP	Miami, FL 33143
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (11/98)