Applied For

Not Applicable

## 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

## DOCUMENT # P97000089274

City & State

CAMPANELLI, MARJORIE

82741 OVERSEAS HWY. ISLAMORADA FL 33036

23

24

Zip

R & M CAMPANELLI, INC.				
Principal Place of Business 82741 OVERSEAS HWY. ISLAMORADA FL 33036	Mailing Address 82741 OVERSEAS HWY. ISLAMORADA FL 33036			
Principal Place of Business     Table 1	2a. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			

28

Zip

65-0788570 \$8.75 Additional 5. Certifcate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible Country

10/16/1997

4. FEI Number

3. Date Incorporated or Qualifed

Country Personal Property Tax. 30 29 25 9. Name and Address of Current Registered Agent

□No 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 ·Zip Code 85 84 City

FILED Feb 19, 1999 8:00 am

Secretary of State

02-19-1999 90072 049 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

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.

	Mourie Compraell!	Para IMA	RJORIE L'AM	מאמע ביאוי	1/30/77			
SIGNATURE Stockburg/poed or printed name of ignistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  STOCK IN 4.0.								
12.	OFFICERS AND DIRECTO	DRS	13.	ADDITIONS/CHANGES TO C		Addition		
TITLE	DP	☐ DELETE	1.1 TITLE	*	☐ Change	L Addition		
NAME	CAMPANELLI, MARJORIE		1.2 NAME			Ì		
STREET ADDRESS	82741 OVERSEAS HWY.		1.3 STREET ADDRESS					
CITY-ST-ZIP	ISLAMORADA FL 33036		1.4 CITY-ST-ZIP		C1 Change	Addition		
TITLE	DST	☐ DELETE	2.1 TITLE	and the second second	Change			
NAME	CAMPANELLI, ROCCO		2.2 NAME		•	]		
STREET ADDRESS	82741 OVERSEAS HWY.		2.3 STREET ADORESS	•		ļ		
CITY-ST-ZIP	ISLAMORADA FL 33036		2. 4 CITY-ST-ZIP		t	Addition		
TITLE		☐ DELETE	3.1 TITLE		☐ Change	L Addition		
NAME			3.2 NAME		•	l		
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change	[ ] Addition		
TITLE		☐ DELETE	4.1 TITLE		El cualide	€ Naginor.		
NAME			4. 2 NAME		<i>:</i>			
STREET ADDRESS			4.3 STREET ADDRESS		•			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change	Addition		
TITLE		☐ DELETE	5.1 TITLE		□.cliange			
NAME			5.2 NAME		.*			
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change	[ ] Addition		
TITLE		☐ DELETE	6.1 TITLE		[] Offarige			
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY ST 7ID			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 otherwise empowered. CITY-ST-ZIP

CR2E034 (11/98)