

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 # **S28654** (9)

1. Corporation Name
DENNIS M. CAMPBELL, P.A.



Principal Place of Business Mailing Address
**C/O MERSHON, SAWYER, JOHNSTON, DUNWODY
200 SOUTH BISCAYNE BLVD., SUITE 4500
MIAMI FL 33131-2387**

3. Date Incorporated or Qualified **01/30/1991** 3a. Date of Last Report **01/20/1995**

2. Principal Place of Business 2a. Mailing Address
21 **7272 S.W. 148th St** 26 **7272 S.W. 148th St**
22 **Miami, Fla.** 27
23 **Miami, Fla** 28
24 **33158** 25 **U.S.A.** 29 **33158** 30 **U.S.A.**

4. FEI Number **65-0240665** 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
**CAMPBELL, DENNIS M.
C/O MERSHON, SAWYER, JOHNSTON, DUNWODY
200 S. BISCAYNE BLVD., STE. 4500
MIAMI FL 33131-2387**

10. Name and Address of New Registered Agent
81 Name **Dennis M. Campbell**
82 Street Address (P.O. Box Number is Not Acceptable) **One Southeast 3rd Ave**
83 **Ste. 1700**
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 *Dennis M. Campbell*
DATE **1/16/96**

12. OFFICERS AND DIRECTORS

FILE	<input type="checkbox"/> DELETE
NAME	Director - President
STREET ADDRESS	CAMPBELL, DENNIS M. 200 SO. BISCAYNE BLVD. MIAMI FL 7272 S.W. 148th St Miami
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dennis M. Campbell* 1/16/96 (305) 350-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/Time Phone #

CR2E034 (12/95)