

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S66148** (5)  
1. Corporation Name  
**CAMPAIGN PROFESSIONALS, INC.**

Principal Place of Business: **2030 NE 197TH TER NORTH MIAMI BEACH FL 33179**  
Mailing Address: **2030 NE 197TH TER NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business: [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]

**APPROVED AND FILED**  
**95 MAY -1 PM 1:14**  
**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporation or Qualified: **07/15/1991**  
3a. Date of Last Report: **08/12/1994**  
4. FEI Number: **65-0291439**  
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.037 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**WEINER, PETER N  
2030 N.E. 197TH TERRACE  
SUITE 505  
NORTH MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0605 and 607.0608, 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, as set forth in Sections 607.0605 and 607.0608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, (4-12)	
1. TITLE PDT	NAME WEINER, SUSAN N 2030 NE 197 TERR N MIAMI BCH FL	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add/In	
2. TITLE VDS	NAME WEINER, PETER N 2030 NE 197 TERR N MIAMI BCH FL	2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add/In	
3. TITLE	NAME	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add/In	
4. TITLE	NAME	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add/In	
5. TITLE	NAME	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add/In	
6. TITLE	NAME	6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add/In	
7. TITLE	NAME	7. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add/In	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 199.037(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 registered agent or the true name of the person to whom this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 2, of Block 10 of this report, or is so affixed thereto with an address.

SIGNATURE: *Peter Weiner*  
PRINTED AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PETER WEINER**

**4/25/95** **305 250-7170**