

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **V05312 (6)**

1. Corporation Name

CAMPBELL, DETTMAN & PANTON REALTY, INC.

95 MAY - 1 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2170 S.E. 17TH STREET SUITE 201 FT. LAUDERDALE FL 33316	Mailing Address 2170 S.E. 17TH STREET SUITE 201 FT. LAUDERDALE FL 33316
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3. Date Incorporated or Qualified 01/08/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0310483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2228 S. E. 17 Street Suite, Apt. #, etc.	2a. Mailing Address 26 2228 S. E. 17 Street Suite, Apt. #, etc.
22 City & State 23 Fort Lauderdale, FL Zip Country 24 33316 25 USA	27 City & State 28 Fort Lauderdale, FL Zip Country 29 33316 30 USA

9. Name and Address of Current Registered Agent CAMPBELL BARBARA 2170 SE 17 ST STE 201 FT LAUDERDALE FL 33316				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 2228 S. E. 17 Street			
83				84 City Fort Lauderdale, FL			
				85 Zip Code 33316			

11. Pursuant to the provisions of Sections 607.0509 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 _____ (Signature typed or printed name of registered agent and the filer)
(NOTE: Registered Agent signature required when remaining) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD CAMPBELL, BARBARA 2170 SE 17 ST, #201 FT LAUDERDALE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	PD Campbell, Barbara 2228 S. E. 17 Street Fort Lauderdale, FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
TITLE NAME STREET ADDRESS CITY ST ZIP	VD DETTMAN, DOUGLAS 2170 SE 17 ST #201 FT LAUDERDALE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	VSTD Dettman, Douglas 2228 S. E. 17 Street Fort Lauderdale, FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	8FD MCKINLEY, DORATHEA F 2170 SE 17 ST, #201 FT LAUDERDALE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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: *Barbara Campbell* President 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara Campbell (Date)
305-525-2170 (To, from 11:00 a.m.)