FILE NOW: FILING FEE AFTER MAY 1 18 \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997	TO THE
DOCUMENT #	V05312

 Corporation Name Campbell, Dettman & Panton Realty, Inc. Principal Place of Business Mailing Address 2228 S. E. 17 Street AMENDED Fort Lauderdale, FL 33316 01/08/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 26 65-0310483 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Campbell, Barbara Street Address (P.O. Box Number is Not Acceptable) 2228 S. E. 17 Street Fort Lauderdale, FL 33316 83

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	Stansture typed or printed name of registered agent and title if applicable (Ni	OTE Registered Agent signature (required when reinstalling) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PAY		11 1006	Change Addition
NAME	Barbara Campbell	1.2 NAME	_ ,
STREET ADDRESS	2228 S. E. 17 Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	14 CiTY - ST - ZIP	
TITLE	D X DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	Barbara Panton	2.2 NAME	
STREET ADDRESS	2228 S. E. 17 Street	2 3 STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	2. 4 CITY - ST - ZIP	
TITLE	DELETE	311/116	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4 2 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - 7/P	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	ΔN_{\perp} .
STREET ADDRESS		53 STREET ADDRESS	NB) ~
CITY-ST-ZIP		5.4 CITY+ST-7IP	الأما الما الما الما الما الما الما الما
TITLE	DEFELE	6.1 TITLE	POODO 22244 See Addition
NAME		6 2 NAME	800002224438
STREET ADDRESS		6.3 STHEFT ADDRESS	***61,25
CITY. ST. 7IP		64 CITY-ST-ZIP	4444の1 " でつ

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1). 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6/23/97

954-525-2170

FILED

Jun 26 1997 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

Davlime Phone #