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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

Principal Place of Business

CAMPBELL STREET VARIETY, INC.

Mailing Address

A 100H DIAGO ONE!	LENNE HENRE BLIEF HER	1818   1818   1818   1818	1 <b>6 16</b> 11 <b>6 16</b> 11 <b>6 16</b> 11 <b>169</b> 1
		TIM III LE	

			925 S. FLORIDA AVE. INVERNESS FL 32650				
					3. Date Incorporated or Qualified 08/11/1992	3a. Date of Last Report 05/24/1995	
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	Applie	
21		26			65-0349651		oplicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Addi Fee Requi	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	□ \$5.00 Ma Added to F	ees
Zip	Country	Zip Odd Co	Countr	У	8. This corporation has liability for		032,
<b>4</b> ( と	25	29 34400	[30]		Florida Statutes Yes  10. Name and Address of New F	No No	
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New F	and a series when	_ •
	***						
HALL, BI			82	Street Add	ress (P.O. Box Number is Not Acceptal	ble)	
	Lorida ave. ESS FL 32650		83	3			
MASUM	:33 FL 32030					85 Zip Goo	
			84	4 City		FL 85 Zip Cod	le:
	Stgriative typied or proted harne of regularist agri-	orandisional plum	NOTE Rejulest Au	re isg விரைப்படு	ADDITIONS/CHANGES TO OF	DATE FIGERS AND DIRECTORS IN	
TITLE	DP OFFICERS AI	ND DIRECTORS	1. 1 lilid	r -	ADDITIONS OF PARTICLE TO OF		Addition
NAME	HALL, BRIAN		1.2 NAM			<u>-</u>	
STREET ADDRESS	925 S. FLORIDA AVE.			ET ADDRESS			
CITY - ST - ZiP	INVERNESS FL		1.4 C/TY				
TITLE	DV	☐ DELETE	2 1 T.TU	F			Addition
NAME	ADAMS, CHARLENE	_	2 1.77	` 1		Change 🗌	
1			2 2 NAM			Change 🗌	
STREET ADDRESS	925 S. FLORIDA AVE.		2.2 NAMI 2.3 STRE	E E1 ADDRESS		Crange	
CITY-SI-ZIP	925 S. FLORIDA AVE. INVERNESS FL	_	2.2 NAM 2.3 STRE 2.4 CITY	E E1 ADORESS - S1 - ZIP			Addition
CITY-SI-ZIP TITLE	925 S. FLORIDA AVE. INVERNESS FL DST	DELETE	2 2 NAM 2 3 STRE 2 4 CITY 3 1 TYL	E E1 ADDRESS -S1-Zif' E			Addition
CITY-SI-ZIP TIFLE NAME	925 S. FLORIDA AVE. INVERNESS FL DST HALL, LORETTA	_	2 2 NAM 2 3 STRE 2 4 CITY 3 1 THL 3 2 NAM	E E1 AODRESS S1 - ZIP E	·····		Addition
CITY-SI-ZIP TIFLE NAME STREET ADDRESS	925 S. FLORIDA AVE. INVERNESS FL DST HALL, LORETTA 925 S. FLORIDA AVE.	_	2.2 NAM 2.3 STRE 2.4 CITY 3.1 TTL 3.2 NAM 3.3 STRE	E E1 ADDRESS -S1-Zif' E			Addition
CITY-ST-ZIP TITLE NAME	925 S. FLORIDA AVE. INVERNESS FL DST HALL, LORETTA	_	2.2 NAM 2.3 STRE 2.4 CITY 3.1 TTL 3.2 NAM 3.3 STRE	E E1 AODRESSS1-ZIP E E E ADDRESSST-ZIPS		☐ Change ☐	Addition Addition
CITY-SI-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP	925 S. FLORIDA AVE. INVERNESS FL DST HALL, LORETTA 925 S. FLORIDA AVE.	☐ DELETE	2 2 NAM 2 3 STRE 2 4 OT Y 3 1 TPL 3 2 NAM 3 3 STRE 3 4 OT Y	E E1 ADDRESS -S1-ZIP E C EET ADDRESS -ST ZIP E		☐ Change ☐	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	925 S. FLORIDA AVE. INVERNESS FL DST HALL, LORETTA 925 S. FLORIDA AVE.	☐ DELETE	2 2 NAM 2 3 STRE 2 4 CILY 3 1 TH 3 2 NAM 3 3 STRI 3 4 CILY 4 1 TILL 4 2 NAM	E E1 ADDRESS -S1-ZIP E C EET ADDRESS -ST ZIP E		☐ Change ☐	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	925 S. FLORIDA AVE. INVERNESS FL DST HALL, LORETTA 925 S. FLORIDA AVE.	☐ DELETE	2 2 NAM 2 3 STRE 2 4 CITY 3 1 TTL 3 2 NAM 3 3 STRE 3 4 CITY 4 1 TITL 4 2 NAM 4 3 STRE 4 4 CITY	E EL ADDRESSSI-ZIP E EL ADDRESSST-ZIP E EL ADDRESSST-ZIP E EL ADDRESSSI-ZIP		☐ Change ☐	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	925 S. FLORIDA AVE. INVERNESS FL DST HALL, LORETTA 925 S. FLORIDA AVE.	☐ DELETE	2 2 NAM 2 3 STRE 2 4 CHY 3 1 TH 3 2 NAM 3 3 STRE 3 4 CHY 4 1 TH 4 2 NAM 4 3 STRE 4 4 CTY 5 1 TH	E E1 ADDRESSS1-ZIP E E E1 ADDRESSST-ZIP E E E E1 ADDRESSST-ZIP E E E1 ADDRESSS1-ZIP E E		☐ Change ☐	
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	925 S. FLORIDA AVE. INVERNESS FL DST HALL, LORETTA 925 S. FLORIDA AVE.	☐ DELETE	2 2 NAM 2 3 STPE 2 4 CITY 3 1 TPL 3 2 NAM 3 3 STPE 4 1 TITL 4 2 NAM 4 3 STPE 4 4 CITY 5 1 TPL 5 2 NAM	E E1 ADDRESSS1-ZIP E E E1 ADDRESSST-ZIP E E E1 ADDRESSST-ZIP E E E1 ADDRESSS1-ZIP E E E1 ADDRESSS1-ZIP E E		☐ Change ☐	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	925 S. FLORIDA AVE. INVERNESS FL DST HALL, LORETTA 925 S. FLORIDA AVE.	☐ DELETE	2 2 NAM 2 3 STRE 2 4 CITY 3 1 TYL 3 2 NAM 3 3 STRE 3 4 CITY 4 1 TITL 4 2 NAM 4 3 STRE 4 4 CITY 5 1 TYL 5 2 NAM 5 3 STME	E E1 ADDRESSS1-ZIP E E1 ADDRESSST-ZIP E E1 ADDRESSST-ZIP E E1 ADDRESSSL-ZIP E		☐ Change ☐	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	925 S. FLORIDA AVE. INVERNESS FL DST HALL, LORETTA 925 S. FLORIDA AVE.	☐ DELETE	2 2 NAM 2 3 STRE 2 4 CITY 3 1 TYL 3 2 NAM 3 3 STRE 3 4 CITY 4 1 TITL 4 2 NAM 4 3 STRE 4 4 CITY 5 1 TYL 5 2 NAM 5 3 STME	E E1 ADDRESSS1-ZIP E E E1 ADDRESSST-ZIP E E E1 ADDRESSST-ZIP E E E1 ADDRESSST-ZIP E E E1 ADDRESSST-ZIP E E ST-ZIP E E		Change Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	925 S. FLORIDA AVE. INVERNESS FL DST HALL, LORETTA 925 S. FLORIDA AVE.	DELETE	2 2 NAM 2 3 STRE 2 4 CITY 3 1 TTL 3 2 NAM 3 3 STRE 3 4 CITY 4 1 TITL 4 2 NAM 4 3 STRE 4 4 CITY 5 1 TTLE 5 2 NAM 5 3 STRE 5 4 CITY	E E1 ADDRESSS1-ZIP E E1 ADDRESSST-ZIP E E1 ADDRESSST-ZIP E E1 ADDRESSS1-ZIP E		Change Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	925 S. FLORIDA AVE. INVERNESS FL DST HALL, LORETTA 925 S. FLORIDA AVE.	DELETE	2 2 NAM 2 3 STRE 2 4 CITY 3 1 TYL 3 2 NAM 3 3 STRE 3 4 CITY 4 1 TITL 4 2 NAM 4 3 STRE 4 4 CITY 5 1 TYL 5 2 NAM 5 3 STME 5 4 CITY 6 1 TITL 6 2 NAM	E E1 ADDRESSS1-ZIP E E1 ADDRESSST-ZIP E E1 ADDRESSST-ZIP E E1 ADDRESSS1-ZIP E		Change Change	Addition

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 on powered 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:** 

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)