

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -2 AM 8: 12

DOCUMENT # **H58883** (0)

1. Corporation Name
COMPASS INVESTMENT CORP.

Principal Place of Business: **255 ALHAMBRA CIRCLE SUITE 600 CORAL GABLES FL 33134**
Mailing Address: **255 ALHAMBRA CIRCLE SUITE 600 CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/28/1985		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-1883447		Applied For 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			

9. Name and Address of Current Registered Agent SCHULTE, JAMES E. 255 ALHAMBRA CIRCLE #600 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	
						FL 85 Zip Code	

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: *James E. Schulte* DATE: **4-10-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	NAME SCHULTE, JAMES E.	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1001 N. US. HIGHWAY 1	CITY, ST, ZIP JUPITER FL	1.2 NAME	
		1.3 STREET ADDRESS 255 Alhambra Cir #600	
		1.4 CITY, ST, ZIP Coral Gables, FL 33134	
TITLE VO	NAME SCHULTE, JOHN H.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4840 CAMP SANO COURT	CITY, ST, ZIP CORAL GABLES FL	2.2 NAME	
		2.3 STREET ADDRESS 300 So. Biscayne Blvd #3150	
		2.4 CITY, ST, ZIP Miami, FL 33131-2311	
TITLE SD	NAME SCHULTE, TOM J.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 255 ALHAMBRA CIR. #600	CITY, ST, ZIP CORAL GABLES FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	
TITLE ASD	NAME MOORMAN, KATHLEEN S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 255 ALHAMBRA CIR. #600	CITY, ST, ZIP CORAL GABLES FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		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 140.07(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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathleen S. Moorman* **Kathleen S. Moorman** DATE: **4-10-95** **305-448-2766**