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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000025746 (5)

DOCUMENT #

1. Corporation Name

COMPUSVEN INC.



		Mailina Addroop			1		
rincipal Place of Business		Mailing Address	т				
2275 INGLEWOOD COURT NAPLES FL 33942		2275 INGLEWOOD COUR NAPLES FL 33942	Į l				
NAPLES PL 33942		1811 220 12 00012			3. Date Incorporated or Qualified	3a. Date of Last	Benort
					03/28/1995	N/A	Порон
Principal Place of Business		2a. Mailing Address		. 	4. FEI Number		Applied For
4100 Carnara	to Sound	26 4100 Corpore	ate Sq	Lare	65-057345		Not Applicable
4100 Corpora Suite, Apt. #, etc.	, j c	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	75 Additional
Suite 120		- J	2				e Required
City & State		City & State		FL	6. Election Campaign Financing Trust Fund Contribution	T	.00 May Be Ided to Fees
Nuples	FL ountry LL C A	28 Nuples	Countr		This corporation has liability for		
Zip Co	untry WSA	Zip 29 33942	30 W		Florida Statutes	s 🔀 No	
	ddress of Current F		1001 00		10. Name and Address of New	Registered Agent	
<u>, , , , , , , , , , , , , , , , , , , </u>			8	1 Name _	Tames SVEN		
JAMES, SVEN			8	2 Street Ad	Janes SVEN dress (P.O. Bax Kumber is Not Accepte	able)	
2275 INGLEWOOD COUR	T			4100	Corporate Squar	e	
NAPLES FL 33942			8	3 Cui	Corporate Squar		
			8	41 04.			Zio Code
				1 1 1	Naples		33942
. Pursuant to the provisions of	Sections 607.0502 a	nd 607.1508, Florida Statute	s, the above	-named corp	oration submits this statement for the poard of directors. I hereby accept the ap	urpose of changing pointment as registe	ered agent. I am
or registered agent, or both, if familiar with, and accept the g	n the State of Florida.						
CNATURE	2	Sven	Jan	765	- pies: lent	1/20/	76
Signature, typed or printed	name of registered agent an	d title if applicable (NO)	TE: Registered Ag				CTORS IN 12
. <u> </u>	OFFICERS AND I	DIRECTORS	13. 1.1 TiTL	F	President I Chairma	n K Char	nge 🔲 Additio
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14. I do hereby certify that the information supplied with this limit is voluntarily thins the land accurate and that my signature shall have the same legal effect as if made under 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 certify that I am an officer or director of the corporation of 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:

SIGNATURE AND EXECUTE NAME OF SIGNING OFFICER OR DIRECTOR