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FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000079252 (9)

1. Corporation Name
COMPAX, INC.



Principal Place of Business: **1712 NORTHGATE BLVD. SARASOTA FL 34234**
 Mailing Address: **1712 NORTHGATE BLVD. SARASOTA FL 34234-2116**

3. Date Incorporated or Qualified: **10/12/1995**
 3a. Date of Last Report: **03/30/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number: **65-068 2647**
~~APPLIED FOR~~ Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**BLOMSTER, RAINER T
 1712 NORTHGATE BLVD.
 SARASOTA FL 34234**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE
 NAME: **BLOMSTER, RAINER T**
 STREET ADDRESS: **1712 NORTHGATE BLVD.**
 CITY-ST-ZIP: **SARASOTA FL 34234**

TITLE: **V** DELETE
 NAME: **MONK, ANTHONY**
 STREET ADDRESS: **6075 KESTREL RD**
 CITY-ST-ZIP: **MISSISSAUGA, ONT, CANADA**

TITLE: **S** DELETE
 NAME: **RUTHERFORD, ROBERT G**
 STREET ADDRESS: **6075 KESTREL RD**
 CITY-ST-ZIP: **MISSISSAUGA, ONT, CANADA**

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition
 12 NAME:
 13 STREET ADDRESS:
 14 CITY-ST-ZIP:

2.1 TITLE: Change Addition
 2.2 NAME:
 2.3 STREET ADDRESS:
 2.4 CITY-ST-ZIP:

3.1 TITLE: Change Addition
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY-ST-ZIP:

4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-ST-ZIP:

6.1 TITLE: Change Addition
 6.2 NAME:
 6.3 STREET ADDRESS:
 6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CR2E034 (9/96)