

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # S32425 (8)

95 JUN 30 AM 9:26

1. Corporation Name
COMPACT PRODUCTS, INC.

Principal Place of Business Mailing Address
PO BOX 2218 HALLANDALE FL 33008-2218 **PO BOX 2218 HALLANDALE FL 33008-2218**

DO NOT WRITE IN THIS SPACE

2. Physical Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 State Apt # etc		26 State Apt # etc		02/14/1991	02/03/1994
22 City & State		27 City & State		4. FFL NUMBER	Applied For
23 City & State		28 City & State		65-0243635	Not Applicable
24	25	29	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		6. Election Campaign Fees & Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		8. This corporation has liability for intangibles tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHPEPS, DAVID 19195 MYSTIC POINT DR. UNIT 2208 AVENTURA FL 33180				B1 Name			
				B2 Street Address, P.O. Box Number & Fax Acceptance			
				B3			
				B4 City			
				B5 FL			

11. Pursuant to the provisions of Sections 197.02(2) and (3) Florida Statutes, the abovesigned corporation submits this statement for the purpose of changing its registered office, its 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 197.02(2), Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS		13. AGENT FOR SERVICE OF PROCESS AND REGISTERED OFFICE	
12-1 NAME	D SCHEPPS, JONATHAN 4933 NW 104TH AVENUE CORAL SPRINGS FL	13-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2 NAME	D OSTER, MELVIN 850 BRYANT AVENUE ROSLYN HARBOR NY	13-2 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-3 NAME		13-3 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-4 NAME		13-4 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5 NAME		13-5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-6 NAME		13-6 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-7 NAME		13-7 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-8 NAME		13-8 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the laws 199.07(1)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my resignation does not have the same legal effect as if made under oath. I am an officer or director of this corporation or the executor or trustee empowered to use of this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE: _____ President 5/10/95 755-9071

CR2E034 (3/95)