

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Feb 29 1996 8:00 am  
Secretary of State

DOCUMENT # **S91723 (4)**  
1. Corporation Name  
**COMP U.S., INC.**



Principal Place of Business: **1100 PARK CENTRAL BLVD 1700 POMPANO BEACH FL 33064 US**  
Mailing Address: **1100 PARK CENTRAL BLVD STE 1700 POMPANO BCH FL 33064 US**

3. Date Incorporated or Quinied: **11/04/1991** 3a. Date of Last Report: **04/24/1995**  
4. FEI Number: **65-0293285** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21. State, Apt. #, etc.: 22. City, & State: 23. Zip: 24. Country: 25. Country: 26. State, Apt. #, etc.: 27. City, & State: 28. Zip: 29. Country: 30. Country:

**9. Name and Address of Current Registered Agent**

**SANZ, DAVID R.  
1100 PARK CENTRAL BLVD. SOUTH  
SUITE 1700  
POMPANO BEACH FL 33064**

**10. Name and Address of New Registered Agent**

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAM	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.2 NAME	
CITY, ST, ZIP		1.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.2 NAME	
CITY, ST, ZIP		2.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY, ST, ZIP		3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM		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 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of this 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 to this address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)