

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S91723 (4)**

1. Corporation Name  
**COMP U.S., INC.**



Principal Place of Business <b>1801 W. CYPRESS CREEK ROAD                  SECOND FLOOR                  FT. LAUDERDALE FL 33309-1864                  US</b>	Mailing Address <b>1801 W. CYPRESS CREEK ROAD                  SECOND FLOOR                  FT. LAUDERDALE FL 33309-1864                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/04/1991**

2. Principal Place of Business <b>21 5410 NW 33 Avenue</b> Suite, Apt. #, etc. <b>22 108</b> City & State <b>23 Fort Lauderdale, FL</b> Zip Country <b>24 33309 25 Broward</b>	2a. Mailing Address <b>26 5410 NW 33 Avenue</b> Suite, Apt. #, etc. <b>27 108</b> City & State <b>28 Fort Lauderdale, FL</b> Zip Country <b>29 33309 30 Broward</b>
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4. FEI Number <b>65-0293285</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HESFORD, A. MARGARET  
 1901 WEST CYPRESS CREEK ROAD  
 #200  
 FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>5410 NW 33 Avenue</b>
83	<b>Suite 108</b>
84 City	<b>Fort Lauderdale</b>
85 Zip Code	<b>FL 33309</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b>	<input type="checkbox"/> DELETE
NAME	<b>SANZ, MARK S</b>	
STREET ADDRESS	<b>1901 W. CYPRESS CREEK ROAD, #200</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33309</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Sanz, Mark S.</b>	
1.3 STREET ADDRESS	<b>5410 NW 33 Avenue Suite 108</b>	
1.4 CITY - ST - ZIP	<b>Fort Lauderdale, Florida 33309</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I 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 in an attachment with an address.

SIGNATURE:  DATE: **4/28/98** (954) 489-4000

CR2E034 (10/97)