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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90069 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S91723**

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



Principal Place of Business
 5410 NW 33 AVE
 STE 108
 FT LAUD FL 33309
 US

Mailing Address
 5410 NW 33 AVE
 STE 108
 FT LAUD FL 33309
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/04/1991

2. Principal Place of Business
 21 **5420 NW 33 AVE**

2a. Mailing Address
 26 **5420 NW 33 AVE**

4. FEI Number
65-0293285

22 **STE 108**

27 **STE 108**

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

23 **FT LAUDERDALE FL**

28 **FT LAUDERDALE FL**

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

24 **33309** 25 **USA**

29 **33309** 30

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HESFORD, A. MARGARET
 5410 NW 33 AVE
 STE 108
 FT LAUD FL 33309

81 Name **SAME - ADDRESS CHANGE ONLY**
 82 Street Address (P.O. Box Number is Not Acceptable)
3500 N. STATE RD. 7, SUITE 300
 83
 84 City **LAUDERDALE LAKES** 85 Zip Code **FL 33319**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PSD SANZ, MARK S**
 STREET ADDRESS **5410 NW 33 AVE, STE 108**
 CITY-ST-ZIP **FT LAUD FL 33308**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **5420 NW 33 AVE, STE. 108**
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME **VTD BITTENBENDER, THOMAS L.**
 2.3 STREET ADDRESS **1300 N. SEMORAN BLVD, STE 200**
 2.4 CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK S SANZ SECRETARY

4-23-99

Date

954-714-9445

Daytime Phone #

CR2E034 (1/98)