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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 612080

(2)

COMPASS INVESTMENT PROPERTIES, INC.

Principal Piace		Mailing Address	······································			
SUITE #250 MAITLAN		PO BOX 940658 MAITLAND FL 32794-0658				
minter park f	FL 32789			3. Date Incorporated or Qualified 03/08/1979	3a. Date of Last Re 04/24/1996	eport
2. Principal Pl	lace of Bus ness	2a. Mailing Address		4. FEI Number		plied For
1		26		59-1927351		t Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	
City & State	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00	
Zip	Country	Zip	Country	8. This corporation has liability for		199.032,
4]	25	29	30		Yes No	
	9. Name and Address of Curi	rent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	<del></del>
	WN, DON, L., ESO.		SMITH	RANDALL C ESQ		
	NORTH THORNTON AVENUE			dress (P.O. Box Number is Not Acceptat **ITLAND AVENUE**	ole)	
	HARTLEORD BUILDING		83	ARTILAND AVENUE		
UND	ANDO FL 32801					
			84 City MAITI	AND	FL 85 Zip 32	Code <b>751</b>
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508. Florida Statut	as the shows named cor	rooration submits this statement for the r	virnose of changing it	e renisterer
office or re	egistered agent, or both, in the Sta	ate of Florida, Such change was	authorized by the corpora	ation's board of directors. I hereby accep	ot the appointment as	registered
agent car	m parament with, and accept incapo	rigations of, Section 607,0303, Fit	Jircia Statoleis.		1 /2/4	
	MANDALL	CMM		4-1111	4 1111677	
SIGNATURE:	KANDALL C. Signature, typical or printed name of registered	Smith	E Registated Agent signature requ	7 Mess	4 [U/47	
GIGNATURE	Styriative typical or printed namic of registered	Smith	THALL	7 Mess	4 /U/47	S IN 12
IGNATURE 2.	Styriative typical or printed namic of registered	SMITH agric and till if applicable. (NOT	E Registated Agent signature requ	ured when reinstating)	4 /U/47	
SIGNATURE  2. BU	Signature Typical or printed name of registered OFFICERS A	agent and title if applicative. (NOT AND DIRECTORS	E Registated Agent signature req.	ured when reinstating)	DAYE DERS AND DIRECTOR	
GIGNATURE 2.  PLE IAME	Signature typed or printed name of registered OFFICERS A PO SALTMAN, JOHN W 861 W MORSE BLVD	agent and title if applicative. (NOT AND DIRECTORS	E Registated Agent signature req.  13.  1.1 TriLE	ured when reinstating)	DAYE DERS AND DIRECTOR	
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SIGNATURE

SPINATURE AND TYPED OR PHINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/10/97

407/647-5111

**FILED** 

May 05 1997 8:00am

Secretary of State

Daytime Phone 4