

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 30 PM 2:49

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra D. Hamm Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership Compass USA, Ltd.		1a. DOCUMENT # A 97000002247	
Mailing Address c/o J. Bob Humphries 501 E. Kennedy Blvd., #1700 Tampa, FL 33602		Principal Office Address 501 E. Kennedy Blvd., #1700 Tampa, FL 33602	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		3. Date Formed or Registered 10/17/97	
		3a. Date of Last Report n/a	
		4. State or Country of Formation Florida	
		5a. Capital Contributions as Shown on record. \$ 99.00	
		5b. Amount of Capital Contributions in FLORIDA to date: \$ 5,000,000.00 \$139,000.00	
		6. FEI Number 59-3476145 ☐ Applied For ☐ Not Applicable	
		7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent J. Bob Humphries 501 E. Kennedy Blvd., #1700 Tampa, FL 33602		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
Compass Acquisition & Development Corporation	501 E. Kennedy Blvd. #1700	Tampa, FL 33602	P 97 0000 89562
		1000002301761-9 -01/06/98-01105-012 BIC ***541.25 ***541.25 12/30/97	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

COMPASS ACQUISITION & DEVELOPMENT CORPORATION, general partner

SIGNATURE

DATE 12/23/97

CR2E003 (6/97)