

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90002 014 ***558.75

DOCUMENT # F98000003352

1. Corporation Name

COMPASS COMMUNICATIONS, INC.

Principal Place of Business
1335 OLD NORCROSS ROAD
LAWRENCEVILLE GA 30245

Mailing Address
1335 OLD NORCROSS ROAD
LAWRENCEVILLE GA 30245

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1998

4. FEI Number

58-2106693

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 owes the current year
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEDY, EUGENE M ESQ.
517 SOUTHWEST FIRST AVENUE
FT. LAUDERDALE FL 33301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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	PC	<input checked="" type="checkbox"/> DELETE
NAME	SHAFFREN, GLENN	
STREET ADDRESS	1335 OLD NORCROSS ROAD	
CITY-ST-ZIP	LAWRENCEVILLE GA 30204	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KENNEDY, EUGENE M	
STREET ADDRESS	517 SOUTHWEST 1ST AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NAYBOR, JOHN	
STREET ADDRESS	1335 OLD NORCROSS ROAD	
CITY-ST-ZIP	LAWRENCEVILLE GA 30204	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	NEILSEN, DALE	
STREET ADDRESS	1335 OLD NORCROSS ROAD	
CITY-ST-ZIP	LAWRENCEVILLE GA 30204	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HIMES, DAN	
STREET ADDRESS	7295 SOUTHWEST 140TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILTSE, KENNETH	
1.3 STREET ADDRESS	1335 OLD NORCROSS ROAD	
1.4 CITY-ST-ZIP	LAWRENCEVILLE, GA 30045	
2.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TEDESCO, GARY	
2.3 STREET ADDRESS	1335 OLD NORCROSS ROAD	
2.4 CITY-ST-ZIP	LAWRENCEVILLE, GA 30045	
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 on an attachment with an address.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)