

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K63027 (2)

1. Corporation Name
COMPASS TECHNOLOGY, INC.

Principal Place of Business 2201 CANTU COURT SUITE 116 SARASOTA FL 34232 US	Mailing Address 2201 CANTU CT. SUITE 116 SARASOTA FL 34232 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/25/1989** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0094557** 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 has liability for intangible tax under S. 193.032, Florida Statutes: Yes No

21. Principal Place of Business 1819 Main Street	22. Suite, Apt. #, etc. Suite 900	23. City & State Sarasota, FL	24. Zip 34236	25. Country Sarasota	26. Mailing Address 1819 Main Street	27. Suite, Apt. #, etc. Suite 900	28. City & State Sarasota, FL	29. Zip 34236	30. Country Sarasota
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9. Name and Address of Current Registered Agent

ROBERTS, JAMES
2201 CANTU CT
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81. Name Roberts, James L.
82. Street Address (P.O. Box Number is Not Acceptable) 1819 Main Street
83. Suite Suite 900
84. City Sarasota
85. Zip Code FL 34236

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:  **James L. Roberts, Controller** DATE: **04/26/95**


12. OFFICERS AND DIRECTORS

TITLE: D	NAME: MCGINN, DENNIS	STREET ADDRESS: 890 TASMAN DR.	CITY-ST-ZIP: MILPITAS CA
TITLE: D	NAME: WETSEL, GARY	STREET ADDRESS: 2201 CANTU CT, STE. 116	CITY-ST-ZIP: SARASOTA FL 34232
TITLE: S	NAME: DEREK, DALEY	STREET ADDRESS: 890 TASMAN DR.	CITY-ST-ZIP: MILPITAS CA
TITLE: VP	NAME: SAVELL, RANDY	STREET ADDRESS: 2201 CANTU CT, STE. 116	CITY-ST-ZIP: SARASOTA FL 34232
TITLE: T	NAME: ENGLER, JAMES	STREET ADDRESS: 2201 CANTU CT, STE. 116	CITY-ST-ZIP: SARASOTA FL 34232
TITLE: V	NAME: FREEDMAN, ROBERT	STREET ADDRESS: 2201 CANTU CT, STE. 116	CITY-ST-ZIP: SARASOTA FL 34232

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
No Longer with company				
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
No longer with company				
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1001 Murphy Ranch Rd Milpitas, CA 95035				
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1819 Main Street, Ste 900 Sarasota, FL 34236				
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1819 Main Street, Ste 900 Sarasota, FL 34236				
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P Fazio, John R. 1819 Main Street, Ste 900 Sarasota, FL 34236				

14. 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)(a), 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 treasurer or clerk or otherwise 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 my attachment with an address.

SIGNATURE:  **John R. Fazio, President** DATE: **04/26/95**