FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Jun 05 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # (2)L05046 COMPRI INC. Principal Place of Business Mailing Address 726 JUNIPER PLACE 726 JUNIPER PLACE WELLINGTON FL 33414-8169 WELLINGTON FL 83414 3. Date Incorporated or Qualified 3a. Date of Last Report 07/26/1989 07/29/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2968233 9575 26 Not Applicable Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, 24 Florida Statutes Yes ☐ No 20 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FRIED, MARK, E, ESQ 81 Name 1001 S. BAYSHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 STE. 2706 83 **MIAMI FL 33131** 84 See and 607 1908, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered to of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered stations of bection 607.0508, Florida Statutes. 11. Pursuant to the provisions of office or registered agent, agent. I am familiar with, ag **SIGNATURE** (NOTF: Hagistered Agent signature required when reinstaling) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE Addition 1.1 TITLE DASHWOOD, CHARLES NAME 1.2 NAME 726 JUNIPER PLACE STREET ADDRESS 1.3 STREET ADDRESS **WELLINGTON FL** CITY-ST-ZIP 1.4 CHTY - \$1 - ZIP DELETE TITLE Change Addition 2.1 TO UE DASHWOOD, CHARLES NAME 2.2 NAME 726 JUNIPER PLACE STREET ADDRESS 2.3 STREET ADDRESS **WELLINGTON FL** CITY-ST-ZIP 2. 4 City-St-ZiP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY- ST- 2IP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME : 5.2 NAME

CITY-ST-ZIP 14. I do 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 by on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY - ST - 7IP

Change

Addition

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME