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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:09

DOCUMENT # L05541 (2)

1. Corporation Name
COMPENSATION SERVICES, INC.

Principal Place of Business	Mailing Address
1761C W FLETCHER TAMPA FL 33612 US	PO BOX 17398 TAMPA FL 33682 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/31/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 16104 CADBURY CT.
Suite, Apt. #, etc. 22
City & State 23 TAMPA, FLA
Zip 24 33647 Country 25 HILLSBOROUGH

2a. Mailing Address
26 16104 CADBURY CT.
Suite, Apt. #, etc. 27
City & State 28 TAMPA, FL
Zip 29 33647 Country 30 HILLSBOROUGH

4. FEI Number: 59-2961752 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RUIZ, SKELTON & MALONEY P.A.
CYPRESS WEST BUILDING
5301 W. CYPRESS ST. SUITE 108
TAMPA FL

10. Name and Address of New Registered Agent

81 Name STANLEY FREEDLAND
82 Street Address (P.O. Box Number is Not Acceptable) 16104 CADBURY CT.
83
84 City TAMPA FL 85 Zip Code 33647

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 Stanley Freedland STANLEY FREEDLAND 1/27/95
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	D	1.1 TITLE	D /P	☒ Change ☐ Addition
NAME	FREEDLAND, BRENDA	1.2 NAME	FREEDLAND, BRENDA	
STREET ADDRESS	16104 CADBURY CT	1.3 STREET ADDRESS	16104 CADBURY CT	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		2.1 TITLE	S/T	☐ Change ☒ Addition
NAME		2.2 NAME	FREEDLAND, STANLEY	
STREET ADDRESS		2.3 STREET ADDRESS	16104 CADBURY CT	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Stanley Freedland STANLEY FREEDLAND 1/27/95 813-972-3608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444470 FP