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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90035 031 ***150.00

DOCUMENT # L81882

1, Corporation Name

COMPAS-S LTD. INC.

OOWII AC) O E(D-), 1140-									
Principal Place	e of Business	Mailing Addre	SS							
4RYAN DE SAV	/A	PO BOX 167								
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Principal Place of Business Suite, Apt. #, etc.		<u> </u>	2a. Mailing Address 26 Suite, Apt. #, etc.			(· ·			Applicable	
						59-3027713			 -	
		<u> </u>				5. Certifcate of Status Desired	5, Certificate of Status Desired			
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City & State		<u></u>	City & State			Election Campaign Financing Trust Fund Contribution		Added t	,	
23			Zip Country						01003	
Zip	Country	⊢ , '	<u></u>	− 1	,	This corporation owes the cur Personal Property Tax.	rent year inc		□No	
24	25 Name and Address of Cu	29	3			10. Name and Address of New	Registered			-
	-9-Name and Address to Co	III entragistereo-riger		81	Name	10. 114115 4170 1440				
DE S	SAVA, BRYAN									
6513 THOROUGHBRED LOOP DRIVE		RIVE			Street A	ddress (P.O. Box Number is Not Accept	table)			
	SSA FL 33556			83	├ ──					
ODL	OOA 1 E 00000			63						
				84	City			85 Zip (Code	ļ
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11. Pursuant i	to the provisions of Sections 607	7.0502 and 607.1508, Fli State of Florida, Such ch	orida Statutes ange was auti	, the abov horized by	e-named corpora	orporation submits this statement for the ation's board of directors. I hereby acce	e purpose or of the appoi	changing its ntment as reg	registered	
Office of 1	ediateled affiliation point in the c	Auto of Fibrioa. Odor on	ungo mas aaa							l
agent. I ai	m familiar with, and accept the o	bligations of, Section 60	7.0505, Florid	la Statutes	3.					
J	m familiar with, and accept the o	bligations of, Section 60)7.0505, Florid	la Statutes	s.					
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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, with all other like empowered.

SIGNATURE: