


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L89434** (9)

1. Corporation Name
COMPASS DISTRIBUTION SERVICES, INC.

Principal Place of Business 12890 AUTOMOBILE BOULEVARD SUITE C CLEARWATER FL 34622	Mailing Address 12890 AUTOMOBILE BOULEVARD SUITE C CLEARWATER FL 34622
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/16/1990	
4. FEI Number 59-3018794	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 12200 34TH STREET NORTH Suite, Apt. #, etc. 22 SUITE C City & State 23 CLEARWATER FL Zip 24 33762-5608		2a. Mailing Address 26 12200 34TH STREET NORTH Suite, Apt. #, etc. 27 SUITE C City & State 28 CLEARWATER FL Zip 29 33762-5608		Country 25 USA 30 USA	
9. Name and Address of Current Registered Agent FABRIZZI, VINCENT J. 5301 W CYPRESS ST. SUITE 314 TAMPA FL 33607				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	

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	PD FABRIZZI, VINCENT J. STREET ADDRESS 14212 SHEARWATER CT. CITY-ST-ZIP CLEARWATER FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VTD FURLONG, DANIEL R. STREET ADDRESS 534 20TH AVE. CITY-ST-ZIP INDIAN ROCKS BCH. FL	1.2 NAME	
TITLE		1.3 STREET ADDRESS	
TITLE		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
TITLE		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		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:

Vincent J. Fabrizio
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-98 (813) 287-0028

Date Daytime Phone # 0410120

CR2E034 (10/97)