FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAY 30 PM 01:12

DOCUMENT # **N26650** **(4)**

1. Corporation Name
COMPASS, INC.

Principal Place of Business	Mailing Address
2677 FOREST HILL BLVD. 106 WEST PALM BEACH FL 33406	2677 FOREST HILL BLVD. 106 WEST PALM BEACH FL 33406 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0052657 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

AMOROSO, ANDY
2677 FOREST HILL BLVD
SUITE 106
WPB FL 33406

10. Name and Address of New Registered Agent

81 Name: Tom Provost
82 Street Address (P.O. Box Number is Not Acceptable): 2677 Forest Hill Blvd #106
83 City: West Palm Beach
84 FL — 85 Zip Code: 33406

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] DATE: 4/30/95
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	AMOROSO, ANDY	12 NAME	Tom Provost	
STREET ADDRESS	2677 FOREST HILL BLVD #106	13 STREET ADDRESS	2677 Forest Hill Blvd #106	
CITY-ST-ZIP	WPB FL	14 CITY-ST-ZIP	WPB, FL 33406	
TITLE	TD	21 TITLE	TD	☑ Change ☐ Addition
NAME	HARTMAN, SHELDON	22 NAME	Martha Silliman	
STREET ADDRESS	2677 FOREST HILL BLVD #106	23 STREET ADDRESS	2677 Forest Hill Blvd #106	
CITY-ST-ZIP	WPB FL	24 CITY-ST-ZIP	WPB, FL 33406	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	JAKABEN, KATHRYN	32 NAME		
STREET ADDRESS	2677 FOREST HILL BLVD #106	33 STREET ADDRESS		
CITY-ST-ZIP	WPB FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report. Tom Provost

SIGNATURE: [signature] Executive Director 407-966-3050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lisa B. McWhorter

004060