

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26650** (4)  
1. Corporation Name  
**COMPASS, INC.**

Principal Place of Business <b>1700 N DIXIE HWY 400 WEST PALM BEACH FL 33407 US</b>	Mailing Address <b>1700 N DIXIE HWY 400 WEST PALM BEACH FL 33407 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>05/26/1988</b>	4. FEI Number <b>65-0052657</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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		

9. Name and Address of Current Registered Agent  
**JAKABEIN, KATHRYN  
1325 S CONGRESS #104  
SUITE 106  
BOYNTON BEACH FL 33426**

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 <b>FL</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	<b>HARRISON, MARION</b>
STREET ADDRESS	<b>1700 N DIXIE HWY</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>EVANS, BECKY</b>
STREET ADDRESS	<b>1700 N DIXIE HWY</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>JAKABEIN, KATHRYN</b>
STREET ADDRESS	<b>1700 N DIXIE HWY</b>
CITY-ST-ZIP	<b>WPB FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>3D Tom Provost</b>
1.3 STREET ADDRESS	<b>1700 N. Dixie Hwy</b>
1.4 CITY-ST-ZIP	<b>WPB, FL 33407</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JAKABEIN, KATHRYN</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Vice President</b>
4.3 STREET ADDRESS	<b>Ken Rzab</b>
4.4 CITY-ST-ZIP	<b>1700 N. Dixie Hwy West Palm Bch, FL 33407</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

3/2/98

CR2E037 (1097)