


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90034 043 ****70.00

DOCUMENT # N26650 1. Entity Name COMPASS, INC.					
Principal Place of Business 7600 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405 US			Mailing Address 7600 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01132004 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0052657				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PLAKAS, ANTHONY G 7600 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BP BROOKS, CLARENCE 7600 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Treasurer Kerensa Butler 2401 NW Boca Raton BLVD Boca Raton, FL33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED PLAKAS, ANTHONY 7600 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Secretary Donald Cavanaugh 4500 South Ocean Blvd., #312 South Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDT FRANKLIN, ELLIOT 1700 N. DIXIE HWY W. PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Marc Pickering 1718 North K Street Lake Worth, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELLIOTT, FRANKLIN 2777 S CONGRESS AVENUE LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORN, TIM 338 CORNELL DR LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>2/13/04</u> <u>2/13/04</u>					