

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED
FILED

APR 11 1995 8:30

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000052903 (0)

1. Corporation Name:

COMPREVEND, INC.

Principal Place of Business:

**3631 OCEAN DRIVE
VERO BEACH FL 32963-1625**

Mailing Address:

**3631 OCEAN DRIVE
VERO BEACH FL 32963-1625**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Chartered 07/23/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65- -APPLIED FOR- 0575719	Applied For ☐ Yes ☒ 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
8. This corporation has liability for rechartering under S. 193.032, Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State: Apt. #, etc.	26. State: Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WAGGAMAN, B A 3631 OCEAN DRIVE VERO BEACH FL 32963-1625	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(Print Name, Title, and Address of the Registered Agent)

(Print Name, Title, and Address of the Corporation)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12
1. NAME D WAGGAMAN, B A 3631 OCEAN DRIVE VERO BEACH FL 32963-1625	1. NAME ☐ Change ☐ Addition
2. NAME D WAGGAMAN, THOS E III 3631 OCEAN DRIVE VERO BEACH FL 32963-1625	2. NAME ☐ Change ☐ Addition
3. NAME	3. NAME ☐ Change ☐ Addition
4. NAME	4. NAME ☐ Change ☐ Addition
5. NAME	5. NAME ☐ Change ☐ Addition
6. NAME	6. NAME ☐ Change ☐ Addition
7. NAME	7. NAME ☐ Change ☐ Addition
8. NAME	8. NAME ☐ Change ☐ Addition
9. NAME	9. NAME ☐ Change ☐ Addition
10. NAME	10. NAME ☐ Change ☐ Addition
11. NAME	11. NAME ☐ Change ☐ Addition
12. NAME	12. NAME ☐ Change ☐ Addition
13. NAME	13. NAME ☐ Change ☐ Addition
14. NAME	14. NAME ☐ Change ☐ Addition
15. NAME	15. NAME ☐ Change ☐ Addition
16. NAME	16. NAME ☐ Change ☐ Addition
17. NAME	17. NAME ☐ Change ☐ Addition
18. NAME	18. NAME ☐ Change ☐ Addition
19. NAME	19. NAME ☐ Change ☐ Addition
20. NAME	20. NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.03(1)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 194, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Ann Wagaman
ANN WAGAMAN

30 Apr 1995

907.731-0638