

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077159 (0)

1. Corporation Name
COMPULAN, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 1561 CONGRESS AVE SUITE 240 DELRAY BEACH FL 33445	Mailing Address 1561 CONGRESS AVE SUITE 240 DELRAY BEACH FL 33445
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3. Date Incorporated or Qualified 11/01/1993	3a. Date of Last Report 06/27/1994
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2. Principal Place of Business 21 1200 S.W. 2nd Avenue	2a. Mailing Address 26 1200 S.W. 2nd Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 23 Boca Raton, FL	27 City & State 28 Boca Raton, FL
24 Zip 33432	25 Country
29 Zip 33432	30 Country

4. FEI Number 65-0448814	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 has liability for intangible tax under S. 103.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BEERS, MITCHELL J
11380 PROSPERITY FARMS RD
SUITE 204
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name **CHARLES J. KANE**
82 Street Address (P.O. Box Number is Not Acceptable)
301 YAMATO ROAD
83 **SUITE 3160**
84 City **BOCA RATON FL** 85 Zip Code **33431**

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 *Charles J. Kane* DATE **4/25/95**

12. OFFICERS AND DIRECTORS

TITLE D	NAME RICHARDS, BRIAN L	STREET ADDRESS 2516 SW 13TH ST	CITY-ST- ZIP BOYNTON BEACH FL 33428
TITLE	NAME	STREET ADDRESS	CITY-ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Thomas Heber	
1.3 STREET ADDRESS 1200 SW 2nd Ave.	
1.4 CITY-ST- ZIP Boca Raton, FL 33432	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(4), 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: *Thomas Heber* **THOMAS HEBER** DATE **4/13/95** (407) 394-2637