

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

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**95 MAY -1 AM 10:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000017857**  
1. Corporation Name  
**COMPUMATCH, INC.**

Principal Place of Business: **13705 S.W. 12 ST, B407  
PEMBROKE PINES, FL  
33027**

Mailing Address: **P.O. Box 18756  
WEST PALM BEACH, FL  
33416-8756**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 13705 S.W. 12 ST.  
Suite, Apt. #, etc. **B407**  
City & State **PEMBROKE PINES, FL**  
Zip **33027****

2a. Mailing Address: **26 P.O. Box 18756  
Suite, Apt. #, etc.  
City & State **WEST PALM BEACH, FL**  
Zip **33416-8756**  
Country **U.S.A.****

3. Date Incorporated or Qualified: **2/24/94**

3a. Date of Last Report: \_\_\_\_\_

4. FEI Number: **65-0478149**

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 intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **MICHAEL SMILES  
6701 MALLARDS COVE RD, 1C  
JUPITER, FL 33458**

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: **FL**

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: *Michael Smiles* **MICHAEL SMILES, V. PRES.** DATE: **4/20/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT</b>	1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARTHUR SMILES</b>	12 NAME	
STREET ADDRESS	<b>13705 S.W. 12 ST., B407</b>	13 STREET ADDRESS	
CITY ST ZIP	<b>PEMBROKE PINES, FL 33027</b>	14 CITY ST ZIP	
TITLE	<b>VICE PRESIDENT</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAEL SMILES</b>	22 NAME	
STREET ADDRESS	<b>6701 MALLARDS COVE RD, 1C</b>	23 STREET ADDRESS	
CITY ST ZIP	<b>JUPITER, FL 33458</b>	24 CITY ST ZIP	
TITLE	<b>SECRETARY/TREASURER</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIRIAM SMILES</b>	32 NAME	
STREET ADDRESS	<b>13705 S.W. 12 ST., B407</b>	33 STREET ADDRESS	
CITY ST ZIP	<b>PEMBROKE PINES, FL 33027</b>	34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: *Miriam Smiles* DATE: **4/20/95** (309) 433-5228  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MIRIAM SMILES**