

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **994000031696**

1. Corporation Name

Compyrant, Inc

Principal Place of Business

Mailing Address

*7027 W Broward Blvd.
Plantation, FL 33317*

100001460601

-04/20/95--01001--014

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

4/25/94

N/A

4. FEI Number

Applied For

Not Applicable

65-0499168

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

2. Principal Place of Business

2a. Mailing Address

1720 Riverwood Lane

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

Coral Springs, FL

28

Zip

County

Zip

County

33071

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Steven Levine

7027 W Broward Blvd.

Plantation, FL 33317

81 Name

Trene Adams

82 Street Address (P.O. Box Number is Not Acceptable)

1720 Riverwood Lane

83

84 City

Coral Springs

FL

85 Zip Code

33071

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

Trene Adams

By signing below, I certify that I am the registered agent and that I accept the obligations of, Section 607.0505, Florida Statutes.

(NOTE: Registered Agent signature required when resigning)

4/27/95

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

*Steven Levine, Director
7027 W Broward Blvd.
Plantation, FL 33317*

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY ST ZIP

*TRENE ADAMS, Director
1720 Riverwood Lane
Coral Springs, FL 33071*

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change

☐ 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 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:

Trene Adams

Trene Adams, Director

4/27/95

(305) 752-9547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number