FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 13 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P94000031696 (5) DOCUMENT #
1. Corporation Name

COMPUGRANT, INC.

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 8640 NW 51ST STREET 8640 NW 51ST STREET LAUDERHILL FL 33351 LAUDERHILL FL 33351-4827 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1994 04/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0499168 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ADAMS, IRENE 81 Namo 8640 NW 51ST STREET 62 Street Address (P.O. Box Number is Not Acceptable) **LAUDERHILL FL 33351** 83 84 Zip Code 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. DIRECTOR equilibries require LREME HOAMS 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 1.1 TO LE ADAMS, IRENE NAME 1.2 NAME ADAMS, IRENE 8640 NW 51st Street 1720 RIVERWOOD LANE STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33071 AUDORHIII, FI 33351 CITY-ST-ZIP 1.4 City-ST-7IP TITLE ___ DELETE Change 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - \$1 - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-\$1-ZIF DELETE TITLE Change Addition 6.1 THLE NAME 6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.