

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

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Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000054829 (4)

1. Corporation Name
COMPASS ENTERTAINMENT GROUP, INC.



Principal Place of Business
201 SOUTH BISCAYNE BOULEVARD
SUITE 1402
MIAMI FL 33131

Mailing Address
201 SOUTH BISCAYNE BOULEVARD
SUITE 1402
MIAMI FL 33131-4328

3. Date Incorporated or Qualified 07/22/1994
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 1901 Oakdale Lane South
Suite, Apt. #, etc.

2a. Mailing Address
25 1901 Oakdale Lane South
Suite, Apt. #, etc.

4. FEI Number 65-0507249
Applied For Not Applicable

22 City & State
23 Clearwater, FL

27 City & State
28 Clearwater, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 34624 25 Country USA

29 Zip 34624 30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLLE, DENNIS J
OLLE, MACAULAY & ZORILLA, P.A.
1402 MIAMI CNTR., 201 S. BISCAYNE BLVD.
MIAMI FL 33131

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAERZ, ROBERT P	1.2 NAME	
STREET ADDRESS	11205 THIRD AVENUE	1.3 STREET ADDRESS	
CITY- ST- ZIP	STONE HARBOR NJ	1.4 CITY- ST- ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOLLY, JANE	2.2 NAME	
STREET ADDRESS	11205 THIRD AVENUE	2.3 STREET ADDRESS	1901 Oakdale Lane South
CITY- ST- ZIP	STONE HARBOR NJ	2.4 CITY- ST- ZIP	Clearwater, FL 34624
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 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: Robert P. Maerz 21 / 197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)