

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000063985 (3)

1. Corporation Name

COMPRESSENT CORPORATION

Principal Place of Business

2105 HAMILTON AVENUE  
140  
HALLANDALE FL 33009  
US

Mailing Address

2105 HAMILTON AVENUE  
140  
SAN JOSE CA 95125  
US

2. Principal Place of Business

21 2105 Hamilton Ave

Suite, Apt. #, etc.

22 Suite #140

City & State

23 San Jose, Ca

Zip

24 95125

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BERNSTEIN, JOEL  
9701 BISCAYNE BOULEVARD  
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1994

3a. Date of Last Report

07/09/1996

4. FEI Number

65-0581474

Applied For

Not Applicable

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

300002250363--2

-07/29/97--01006--024

\*\*\*558.75 FL \*\*\*558.75

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☒ DELETE

PD  
ZARECOR, WIL  
2105 HAMILTON AVE, SUITE 140  
SAN JOSE CA

TITLE NAME ☐ DELETE

D  
KALINSKI, E.T.  
103 S.W. 7TH TERRACE  
HALLANDALE FL 33009

TITLE NAME ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

C  
ABC Ostrousky  
2105 Hamilton Ave, Suite 140  
San Jose, Ca 95125

2.1 TITLE ☐ Change ☒ Addition

P  
Peter whealton  
2105 Hamilton Ave, Suite 140  
San Jose, Ca 95125

3.1 TITLE ☐ Change ☒ Addition

S  
Lisa D'Alencon  
2105 Hamilton Ave., Suite 140  
San Jose, Ca 95125

4.1 TITLE ☐ Change ☒ Addition

D  
B. J. Allen  
9701 Biscayne Blvd  
Miami Shores, FL 33138

5.1 TITLE ☐ Change ☒ Addition

D  
Fred Chanowsky  
111 Countryside Road  
Newton, MA 02159

6.1 TITLE ☐ Change ☒ Addition

D  
Stan Young  
24 NE Executive Park  
Burlington, MA 01803

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

SIGNATURE

7/25/97

1108-879-6600

CR2E034 (4/97)

FILED

97 JUL 29 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

