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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000018096 (4) COMPORT INC.

Principal Place	e of Business	Mailing Address		<del></del>						
420 LINCOLN ROAD STE 403 MIAMI FL 33139 MIAMI FL 33139-3015										
						3. Date incorpor- 02/27/1995			e of Last R 1/1996	eport
2. Principal Pl 21	lace of Business	2a. Mailing Addre	ess			4, FEI Number 65-05607	10			oplied For ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State	0	City & State	<u></u>			6. Election Camp	aign Financing		\$5.00	<del></del>
23	· · · · · · · · · · · · · · · · · · ·	28			<u></u>	Trust Fund Co				to Fees
Zip 24	Country 25	Z <sub>IP</sub>	30	ountry		This corporation     Florida Statute	on has liability for l		ax under s No	. 199.032,
	9. Name and Address of	Current Registered Agent				10. Name and Ac	idress of New Re	glatered A	gent	
	NER, MICHAEL A			81	Name					
420 LINCOLN ROAD STE 403 MIAMI FL 33139				82	Street Addre	ess (P.O. Box Numb	er is Not Acceptab	ole)		
				83			*			
				84	City		· · · · · · · · · · · · · · · · · · ·	FL	85 Zip	Code
	to the provisions of Sections 6	07.0502 and 607.1508, Florid	a Statutes, the	above-	named corpo	oration submits this son's board of directo	statement for the pors. I hereby accep	ourpose of out the appoint	changing it intment as	s registered registered
	to the provisions of Sections 6 egistered agent, or both, in the militar with, and accept the	e State of Florida, Such change e obligations of, Section 607.0	0505, Florida Si	tatutes	•					
SIGNATURE	egistered agent, or both, in the m familiar with, and accept the Signature, typed or printed name of regis				<u> </u>	d when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of regis	tered agent and title if applicable. RS AND DIRECTORS	(NOTE: Registe	ered Agent	signature required	d when reinstating) ADDITIONS/CH	IANGES TO OFFIC	DATE CERS AND	DIRECTOR	
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SIGNATURE  12.  IITLE  NAME  STREFT ADDRESS	Signature, typed or printed name of region OFFICE  D  POZNER, MICHAEL A  800 WEST AVE. #721	tered agent and title if applicable.	(NOTE: Register 13 LETE 1.1 1.2	Bred Agent 3. I TITLE P NAME 3 STREET AL	bignature required  C4  CC  DDRESS 34	d when reinstaling)  ADDITIONS/CH FO LAIG D. HI 4S PACM	IANGES TO OFFICE STREET	DATE CERS AND	DIRECTOR	
SIGNATURE  12.  HILE  NAME	Signature, typed or printed name of region OFFICE  D  POZNER, MICHAEL A	tered agent and title if applicable.	(NOTE: Regrate  13  LETE 1.1  1.2  1.3	Bred Apeni B. I TITLE	bignature required  C4  CC  DDRESS 34	ADDITIONS/CH	ANGES TO OFFICE	DATE CERS AND	DIRECTOR	Addition
SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of regit OFFICE D POZNER, MICHAEL A 800 WEST AVE. #721 MIAMI BEACH FL 33139	tered agent and title if applicable. RS AND DIRECTORS	(NOTE: Registe  13 LETE 1.1 1.2 1.3 1.4 LETE 2.1	Bred Apen B. I TITLE P. NAME B. STREET AL I CITY-ST-	bignature required  C4  CC  DDRESS 34	d when reinstaling)  ADDITIONS/CH FO LAIG D. HI 4S PACM	IANGES TO OFFICE STREET	DATE CERS AND	DIRECTOR Change	Addillo
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May 19 1997 8:00am

Secretary of State

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