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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000024604 (7)

DOCUMENT # P95000024604 (7)								
	COMP, INC.							
Principal Place	of Business	Mailing Address				IIA BANIR AANNA ULDIK ANAKA WEI	II BBINI BIBI IBBI	
100 SOUTH BEACH STREET. STE 204 100 SOUTH BEACH STRE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 321				204				
					3. Date Incorporated or Qualified 03/27/1995	3a. Date of Last Re		
2. Principal Place of Business 28. Mailing Address 21					4. FEI Number 59-3311047		pplied For lot Applicable	
Suite, Apt. #, etc. Suite, Apt.			it. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b>	Additional equired	
22		City & State	City & State		6. Election Campaign Financing		May Be	
City & State		28	Ony di State		Trust Fund Contribution	bet bA L	to Fees	
Zip Country		Zip 29	Zip Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent	81	1	10. Name and Address of New R	egistered Agent		
SARRIS, KIRIAKOS C 910 VALENCIA ROAD SO. DAYTONA FL 32119			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
			83					
			84	City		<b>85</b> Zip	Code	
					-V the this statement for the num	FL BS 25	oistared office	
11. Pursuant to or registere familiar wit	o the provisions of Sections 607.050: ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	2 and 607.1508, Florida Statute ida. Such change was authorize tion 607.0505, Florida Statutes.	s, the above- ed by the corp	named corpor poration's boar	ation submits this statement for the purd of directors. I hereby accept the app	ointment as registered	agent. I am	
SIGNATURE _		(NAT)	FE Bog stored Age	nt signature required	t when reinstalion	DATE		
12.	Signature: typed or printed name of registered agent and title if applicable. (NOTE Reg OFFICERS AND DIRECTORS		13.	I. Signaturo roquiro	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12	
TITLE	D DELETE		1. 1 TITLE			☐ Change	☐ Addition	
NAME	Ortho, Intuito C		1.2 NAME					
STREET ADDRESS	OIG MEETICKI HOID		l l	T ADDRESS				
CITY-\$T-ZIP TITLE	00.011.10.11.10.11.1		1.4 CITY-1 2.1 TITLE			☐ Chan je	Addition	
NAME	<b>U</b>		2 2 NAME				,	
STREET ADDRESS	OATHO, OTELLINE		2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2.4 CITY	ST-ZIP				
TITLE		☐ DELETE	3. 1 TITLE	1		Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIF		☐ DELETÉ	3.4 C/TY- 4.1 T/TLE			Change	Addition	
TITLE NAME			4.2 NAME					
STREET ADDRESS				T ADDRESS				
C-TY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5. 1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS	5.31		5.3 STREE	T ADDRESS				
CITY-ST-ZIP				ST-ZIP		Char ge	Addition	
TITLE			6 1 TITLE	1		☐ cust de	☐ Aosilion	
NAME			6 2 NAME					
STREET NOVICOS				ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	31-ZIF	for the exemption stated in Section 110	107/2\(L) Elorida Statut	es I further	

14. I do hereby certify that the information supplied of the this filing is soluntarily 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 any dal 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 certificity 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 9 gck 13 if planged or on a valuaciment with an address.

SIGNATURE:

CR2E034 (12/95)