

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

FILED

May 16 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 # P96000019559 (9)

1. Corporation Name
COMPASS SOLUTIONS, INC.



Principal Place of Business
521 WATERMAN LANE SE
PALM BAY FL 32909

Mailing Address
521 WATERMAN LANE SE
PALM BAY FL 32909-3753

3. Date Incorporated or Qualified
02/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 P.O. Box 100199

59-3370195

Not Applicable

22 City & State

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 City & State

Palm Bay, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

32910-0199

Country

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

RICHEY, JAMES H ESQ.
200 SOUTH HARBOR CITY BLVD.
STE 201
MELBOURNE FL 32901

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DEFFENBAUGH, LYNN
NAME
STREET ADDRESS 521 WATERMAN LANE SE
CITY- ST- ZIP PALM BAY FL 32909

DELETE

1.1 TITLE PVTDC
1.2 NAME Deffenbaugh, Lynn W.
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

Change Addition

TITLE D
NAME COURTS, RON
STREET ADDRESS 1062 CAMDEN NW
CITY- ST- ZIP PALM BAY FL 32907

DELETE

2.1 TITLE RVSD
2.2 NAME Courts, Ronald D.
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

Change Addition

TITLE D
NAME CHAMPION, JOHN
STREET ADDRESS 642 ROSTOCK CIRCLE NW
CITY- ST- ZIP PALM BAY FL 32907

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

(407) 768-1360

Date

Daytime Phone #

CR2E034 (9/96)