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

FILED

Jul 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000037931 (8)

COMPASS DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address						1 1001/081 (10 11/10 11/1	JE BOLLI OBELL BOS	il udiou piari lodi		81 1191 1991	
785 BRIGHTWATER CIR MAITLAND FL 32751		785 BRIGHTWATER CIR MAITLAND FL 32751				DO NOT WRITE IN THIS SPACE					
						Date Incorporated or Qualified 3a, Date of Last Report					
,,						04/29/1996		<u> </u>			
2. Principal Place of Business		2a. Mailing Address			4	FEI Number 59 - 33	7805	5 1		plied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- -	37 00	1000			t Applicable	
22		27			5.	, Certificate of Status	Desired	□ •••	Fee Re		
City & State		City & State			6	6. Election Campaign Financing \$5.00 May Be					
23		28				Trust Fund Contribution					
Zip Country		Zip Country			8	This corporation owe	s or has paid		_	angible	
24	25		30			Personal Property Ta		 		- to	
A.M. A	9. Name and Address of Curre	nt registered Agent	81	Name		Name and Address	Of New Neg	istered Ager	it.		
HUNTER, CHARLES M JR 785 BRIGHTWATER CIR						**************************************					
	ITLAND FL 32751	62 Street A			t Address (l	P.O. Box Number is N	ot Acceptable	e)			
****	INDIAN IF OF IAI	83									
	ı		-						- T - Zin (
•			84	City				FL 85	Zip (vode	
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the abov	e-named	d corporation	on submits this statem	ent for the pu	rpose of cha	nging its	registered	
agent. Far	n familiar with, and accept the obli	gations of, Section 607.0505, Flor	ida Statute	y ine cor S.	rporations	board of directors. I fi	sieny accebi	tue abbounu	HOIN AS	egistereu	
SIGNATURE											
	Identure, typed or printed name of registered agent and little if applicable. (NOTE flegistere OFFICERS AND DIRECTORS 13.			ent eignatur		n reinstaling) ADDITIONS/CHANGE	e to office	DATE	ECTOR	C INI 10	
12.			1.1 TITLE		P/s	ADDITIONS/CFIANGE	3 TO OFFICE		Change	X Addition	
NAME			1.2 NAME		CHAR	LIES M. HO	NTER	ጋ ሆ _		-	
STREET ADDRESS			1.3 STREET	ADDRESS	786	BREGHTW	ater c	IL			
CITY-ST-ZIP		1.4 CITY - S		37 - ZIP	M	titland,	FL 3	2751			
TITLE		☐ DELETE	2.1 TITLE						Change	Addition	
NAME			2.2 NAME								
STREET ADDRESS			2.3 STREE		;						
CITY-ST-ZIP TITLE	<u> </u>	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		 				Change	☐ Addition	
NAME		L. DEELIE		3.2 NAME					JIIIII (Ac	LI AGUITOII	
STREET ADDRESS			3.3 STREET	ADDRESS	:						
CITY-ST-ZIP			3.4. CITY-								
TITLE	····	☐ DELETE	4.1 TITLE						Change	Addition	
NAME			4. 2 NAME								
STREET ADDRESS	i e		4.3 STREE	ADDRESS	;						
CITY-ST-ZIP			4.4 CITY - 3	ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE					LJ (Change	Addition	
NAME			5.2 NAME								
STREET ADDRESS	1		5.3 STREE		;						
CITY-ST-ZIP TITLE	5.4 C DELETE 6.11			I - ZIP	+	•			Change	Addition	
NAME			6.2 NAME					ا	Jildingo		
STREET ADDRESS			6.3 STREE	ADDRESS	:						
CITY-ST-ZIP			6.4 CITY-5								
14. I do hereb	y certify that the information suppli	ed with this filing does not qualify	for the exe	mption s	stated in Se	ection 119.07(3)(i), Flo	rida Statutes	I further cert	ify that f	he	
I am an of	indicated on this annual report or ficer or director of the corporation of Block 12 or Block 13 if changed,	or the receiver or trustee empower	red to exec	urare and oute this	report as r	ignature snall have the equired by Chapter 60	э same iegal)7, Florida St	errect as it m atules; and th	ade und at my n	er oatn; that ame	
010117	Aug San	*		>	90 E	c = 2/		11 ~ =	2_ 5 P	9_0012	