
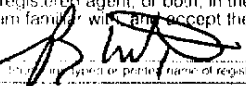



FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 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 # P96000040718 1. Corporation Name COMPOSITECH INC.			
Principal Place of Business 6101 Ridge Crest Dr Port Richey, FL 34668		Mailing Address	
2. Principal Place of Business 21 6101 Ridge Crest Dr Suite, Apt. #, etc.	2a. Mailing Address 26 6101 Ridge Crest Dr Suite, Apt. #, etc.	3. Date Incorporated or Qualified 5/6/96	3a. Date of Last Report
22 City & State 23 Port Richey, FL Zip: 34668 Country	27 City & State 28 Port Richey, FL Zip: 34668 Country	4. FEI Number 59-3378253	Applied For Not Applicable
29 34668		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent Fedele, Maddie 2722 11th Ct Palm Harbor, FL 34684		10. Name and Address of New Registered Agent 81 Name Roy L. Presti 82 Street Address (P.O. Box Number is Not Acceptable) 6101 Ridge Crest Dr 83 84 City Port Richey FL 85 Zip Code 34668	
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 agent 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  Roy L. Presti DATE 5-6-97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Lo Presti, Roy P 2722 11th Ct Palm Harbor <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Lo Presti, Roy P 6101 Ridge Crest Dr Port Richey, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	Lo Presti, Tracie F 2722 11th Ct Palm Harbor <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Lo Presti, Tracie, F 6101 Ridge Crest Dr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	Fedele, Maddie 2722 11th Ct Palm Harbor <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 included 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, changed, or on an attachment with an address		100002182291 -05/19/97--01016--008 ***165.00	
SIGNATURE:  Roy L. Presti		Date 5-6-96 Daytime Phone # 8138488848	

CR2E034 (9/96)