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FILED

May 13 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 # P96000058210 (1)

1. Corporation Name  
COMP-POWER, INC.



Principal Place of Business

11350 NW 31ST STREET  
SUNRISE FL 33323

Mailing Address

11350 NW 31ST STREET  
SUNRISE FL 33323-1402

3. Date Incorporated or Qualified  
07/08/1996

3a. Date of Last Report

2. Principal Place of Business

21 455 S. Pine Island Rd

2b. Mailing Address

26 455 S Pine Island Rd

4. FEI Number

65-0685501

Applied For

Not Applicable

Suite, Apt. #, etc.

404

Suite, Apt. #, etc.

404

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 Plantation FL

City & State

28 Plantation FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

24 33324

Country

25 USA

Zip

29 33324

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SINDICICH, NICHOLAS J IV  
11350 NW 31ST STREET  
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name

Nicholas J. Sindicich IV

82 Street Address (P.O. Box Number is Not Acceptable)

83 455 S. Pine Island Road #404

84 City

Plantation

FL

85 Zip Code

33324

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

TITLE ☐ DELETE

D  
NAME SINDICICH, NICHOLAS J IV  
STREET ADDRESS 11350 NW 31ST STREET  
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ DELETE

D  
NAME BUCKLEW, CHARLES B  
STREET ADDRESS 10308 NW 8TH STREET  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

P T S  
1.2 NAME SINDICICH, NICHOLAS J IV  
1.3 STREET ADDRESS 455 S PINE ISLAND Road #404  
1.4 CITY-ST-ZIP Plantation FL 33324

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Nicholas J. Sindicich*

Nicholas J. Sindicich

3-20-97

954-879-9798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)