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Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075262 (1)

COMPASS REAL ESTATE MANAGEMENT, INC.

861 W. MORSE BLVD. 861 W. MORSE BLVD. SUITE 250 SUITE 250 DO NOT WRITE IN THIS SPACE WINTER PARK FL 32789 WINTER PARK FL 32789 3. Date Incorporated or Qualified 09/09/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 <u>59-3411925</u> Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH, RANDALL C ESQ BERRY J. WALKER 750 N. MAITLAND AVE. Street Address (P.O. Box Number is Not Acceptable)
235 S MAITLAND AVENUE 62 MAITLAND FL 32751 В3 64 City Zip Code 32751 MAITLAND 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 familia with, and accept the phygaty. Section 607,0505, Florida Statutes. BERRY J. WALKER (quired when reinstating) SIGNATURE 3/24/98 (NOTE: Registered Agent signature re OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE SALTMAN, JOHN W NAME 1.2 NAME **CR2E034** 861 MORSE BLVD. SUITE 250 STREET ADDRESS 1.3 STREET ADDRESS **WINTER PARK FL 32789** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE 21 THLE Change Addition STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 2(P DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I 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:

FILED

May 13 1998 8:00am

Secretary of State