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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENI # P96000 0)91112			
1. Corporation Name COMPASS GROUP INTERNATIONAL, INC.					
COMPAS	55 GHOUP INTERNATIONAL,	INC.		* 100110#1 110 (BITE #111 #111 BITE #111 BITE	EN 16101 (100) (100) (100)
Principal Place	e of Business	Mailing Address			in later tjant sinnt trata trat tons
1122 FOURTH STREET 1122 FOURTH STREET					
SUITE 101 SUITE 101				DO NOT WOITE IN THE	IC CDACE
SARASOTA FL 34236 SARASOTA FL 34236				DO NOT WRITE IN TH	15 SPACE
				3. Date Incorporated or Qualifed	
		T &		11/04/1996 4. FEI Number	Applied For
	lace of Business	2a. Mailing Address		65-0718176	Not Applicable
Suite, Apt.	# 440	Suite, Apt. #, etc.		05-07 10 170	\$8.75 Additional
	#, etc.	27	~	5. Certifcate of Status Desired	Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible
24	25	29 3	_	Personal Property Tax.	XiYes □No
24	9. Name and Address of Current		<u></u>	10. Name and Address of New Registere	d Agent
		<u> </u>	81 Name/	RICHARD MILLER	
PADEREWSKI, ALEXANDER G				Address (P.O. Box Number is Not Acceptable)	
1834 MAIN STREET			1 7 STEEL 7	2 PINE RUN DRIVE	}
SARASOTA FL 34236			83		
					as Zin Codo
			84 City	SPREY F	L 85 Zip Code 34229
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 re	egistered agent, or both, in the State of	Florida, Such change was auti	horized by the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	ointment as registered
	III tallillar graft and accept the obligation	oris or, decilor our looco, r lorid	KICHAM		3 <i>1 199</i>
SIGNATURE	Signature, typed of printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature re		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE	D VP 3	
NAME	DROHAN, SARAH		1.2 NAME		
STREET ADDRESS	1740 PROSPECT ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	プ ア	☐ Change 🏻 🗹 Áddition
NAME			2.2 NAME	RICHARD HILLER	
STREET ADDRESS			2.3 STREET ADDRESS	752 PINE RUNDR.	
_CITY-ST-ZIP .			2. 4 CITY-ST-ZIP	DEPREY FL 34229	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CfTY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP	· <u>-</u>		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		(
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE _	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 of 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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE;

STREET ADDRESS

CITY-ST-ZIP