

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P96000094934 (2)

1. Corporation Name

COMPASS TRANSPORTATION COMPANIES, INC.



Principal Place of Business

7155 AYRSHIRE LANE
BOCA RATON FL 33496

Mailing Address

7155 AYRSHIRE LANE
BOCA RATON FL 33496-1419

2. Principal Place of Business

21 4499 E. 10th CT.
Suite, Apt. #, etc.

22

City & State
23 Hialeah FL

Zip Country
24 33013 25

2a. Mailing Address

26 4499 E. 10th CT.
Suite, Apt. #, etc.

27

City & State
28 Hialeah, FL

Zip Country
29 33013 30

3. Date Incorporated or Qualified

11/20/1996

3a. Date of Last Report

4. FEI Number

65-0690224

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WAGNER, INA
7155 AYRSHIRE LANE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name

WARREN WAGNER

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

4499 E. 10th COURT

83

84 City

Hialeah

FL

85 Zip Code

33013

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]
Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/24/97

12. OFFICERS AND DIRECTORS

TITLE NAME ☒ DELETE

NAME INA WAGNER
STREET ADDRESS 7155 AYRSHIRE LANE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE NAME ☒ DELETE

NAME VICE-PRESIDENT
NAME BARRY PAUL
STREET ADDRESS 9521 NW 9th COURT
CITY-ST-ZIP PLANTATION, FL 33324

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME ☐ Change ☒ Addition

1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
NAME PRESIDENT
NAME WARREN WAGNER
STREET ADDRESS 7155 AYRSHIRE LANE
CITY-ST-ZIP BOCA RATON, FL 33496

2.1 TITLE 2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2.5 STREET ADDRESS

2.6 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, unchanged, or on an attachment with an address.

SIGNATURE *[Signature]*

4/24/97 305688-2511

CR2E034 (9/96)