

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010102

1. Entity Name
COMTRUST DEVELOPMENT CORPORATION

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90104 001 ***150.00

Principal Place of Business 3880 SHERIDAN ST HOLLYWOOD FL 33021	Mailing Address 3880 SHERIDAN ST HOLLYWOOD FL 33021-3634
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3868 Sheridan St. Suite, Apt. #, etc. City & State Hollywood, Fl. Zip 33021	Country USA	3. Mailing Address 3868 Sheridan St Suite, Apt. #, etc. City & State Hollywood Fl Zip 33021	Country USA
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4. FEI Number 65-0732779	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MURPHY, JOHN J III
~~3860 SHERIDAN STREET~~
HOLLYWOOD FL 33021-3634

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 3880 SHERIDAN STREET
City HOLLYWOOD
State FL
Zip Code 33021

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	COMPAGNONE, ANTHONY	
STREET ADDRESS	17888 FIELDBROOK CIRCLE WEST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony Compagnone 1-11-2000 954 9832111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)