

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

FILED

**Mar 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000040376 (0)
1. Corporation Name
COMPULUNCH, INC.



Principal Place of Business 1726 W LAS OLAS BLVD FT LAUDERDALE FL 33312	Mailing Address 1726 W LAS OLAS BLVD FT LAUDERDALE FL 33312
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DO NOT WRITE IN THIS SPACE

NOTE CHANGE

2. Principal Place of Business 21 1150 NE 11th PL Suite, Apt. #, etc. 22 NORTH SUITE City & State 23 MIAMI FL Zip 24 33161 Country 25 USA	2a. Mailing Address 26 1150 NE 11th PL Suite, Apt. #, etc. 27 NORTH SUITE City & State 28 MIAMI FL Zip 29 33161 Country 30 USA
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3. Date Incorporated or Qualified 05/02/1997	4. FEI Number 65-0748718	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent BATTERBURY, JAMES J 1726 W LAS OLAS BLVD FT LAUDERDALE FL 33312	10. Name and Address of New Registered Agent 81 Name NATHAN SCHOR 82 Street Address (P.O. Box Number is Not Acceptable) 1150 NE 11th PL 83 NORTH SUITE 84 City MIAMI FL 85 Zip Code 33161
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0506, Florida Statutes.

SIGNATURE: *James J. Batteredbury* (OLD) DATE: **2-27-98**

12. OFFICERS AND DIRECTORS	
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRESIDENT SCHOR
1.3 STREET ADDRESS	1150 NE 11th PL
1.4 CITY-ST-ZIP	MIAMI, FL 33161-6723
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002447149
6.3 STREET ADDRESS	-03/04/98--01094--001
6.4 CITY-ST-ZIP	***150.00

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 a receiver, trustee or assignee 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: *Nathan Schor* DATE: **3/20/98**

CR2E034 (10/97)