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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90086 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000040376

1. Corporation Name
COMPULUNCH, INC.

Principal Place of Business
11501 N.E. 11TH PLACE
NORTH SUITE
FT LAUDERDALE FL 33161

Mailing Address
11501 N.E. 11TH PLACE
NORTH SUITE
FT LAUDERDALE FL 33161



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/02/1997

4. FEI Number
65-0748718

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 9950 E BAY HARBOR DR.
Suite, Apt. #, etc. SUITE 1
City & State MIAMI FL
Zip 33154 Country U.S.

2a. Mailing Address
26 9950 E BAY HARBOR DR.
Suite, Apt. #, etc. SUITE 1
City & State MIAMI FL
Zip 33154 Country U.S.

9. Name and Address of Current Registered Agent
SCHOR, NATHAN
11501 N.E. 11TH PLACE
NORTH SUITE
FT LAUDERDALE FL 33161

10. Name and Address of New Registered Agent
81 Name SCHOR, NATHAN
82 Street Address (P.O. Box Number is Not Acceptable) 9950 E. BAY HARBOR DR.
83 SUITE 1
84 City MIAMI FL 85 Zip Code 33154

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 *Nathan Schor* 4/26/99 305 866 9485
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHOR, NATHAN	
STREET ADDRESS	11501 N.E. 11TH PLACE NORTH SUITE	
CITY-ST-ZIP	MIAMI FL 33161-6723	
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
6.4 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, with all other like empowered.

SIGNATURE: *Nathan Schor* 4/26/99 305 866 9485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)