

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000059103 (6)

1. Corporation Name

COMPASS HEALTH INITIATIVES, INC.



Principal Place of Business

3333 W. COMMERCIAL BLVD. STE. 105  
FT. LAUDERDALE FL 33309

Mailing Address

3333 W. COMMERCIAL BLVD. STE. 105  
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1997

4. FEI Number

65-0766412

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2455 E. SUNRISE BVD

Suite, Apt. #, etc.

22 PH-SOUTH

City & State

23 FORT LAUDERDALE, FL

Zip

24 33304

Country

25 USA

2a. Mailing Address

26 2455 E. SUNRISE BVD

Suite, Apt. #, etc.

27 PH-SOUTH

City & State

28 FORT LAUDERDALE, FL

Zip

29 33304

Country

30 USA

9. Name and Address of Current Registered Agent

SPEAR, GARRY R

7280 W. PALMETTO PARK RD. STE. 204-N  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

Joy H. STRITIKUS

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

2455 E. SUNRISE BVD

83

PH-SOUTH

84 City

FORT LAUDERDALE

FL

85 Zip Code

33304

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

Joy H. Stritikus

Joy H. STRITIKUS

7/16/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
BURSON, ERNEST N  
STREET ADDRESS 3333 W. COMMERCIAL BLVD. STE. 105  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES. ☒ Change ☐ Addition

1.2 NAME ERNEST N. BURSON, III

1.3 STREET ADDRESS 3227 NE 38TH STREET

1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33308

2.1 TITLE SECRETARY ☐ Change ☒ Addition

2.2 NAME JOY H. STRITIKUS

2.3 STREET ADDRESS 811 SE 22ND AVENUE, #11

2.4 CITY-ST-ZIP POMPANO BEACH, FL 33062

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 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.

SIGNATURE

Joy H. Stritikus

Joy H. STRITIKUS 7/16/98

954. 33309

CR2E034 (5/98)