

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V33576** (2)

1. Corporation Name  
**UNITED COMPRESSOR, INC.**



Principal Place of Business  
~~3630 CONSUMER STREET~~  
~~1110~~  
~~RIVIERA BEACH FL 33404~~

Mailing Address  
P.O. BOX 14074  
N. PALM BEACH FL 33408

3. Date Incorporated or Qualified **05/04/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	<b>8111 GARDEN ROAD</b>	26		<b>65-0336960</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22	<b>Suite A</b>	27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23	<b>Riviera Beach, FL</b>	28					
24	Zip <b>33404</b>	25	Country <b>USA</b>	29	Zip	30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WHALEN, TIMOTHY L. 400 AUSTRALIAN AVENUE WEST PALM BEACH FL 33401</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		1. 1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SPARTICHIND, KATHY L</b>			1. 2 NAME	<b>SPARTICHIND, KATHY L</b>		
STREET ADDRESS	<b>3630 CONSUMER ST.</b>			1. 3 STREET ADDRESS	<b>8111A Garden Rd.</b>		
CITY - ST - ZIP	<b>RIVIERA BEACH FL 33404</b>			1. 4 CITY - ST - ZIP	<b>Riviera Beach, FL 33404</b>		
TITLE	<b>VST</b>	<input type="checkbox"/> DELETE		2. 1 TITLE	<b>UST</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SPARTICHIND, ALFRED D</b>			2. 2 NAME	<b>ALFRED D. Spartichind</b>		
STREET ADDRESS	<b>3630 CONSUMER ST</b>			2. 3 STREET ADDRESS	<b>8111A Garden Rd.</b>		
CITY - ST - ZIP	<b>RIVIERA BEACH FL 33404</b>			2. 4 CITY - ST - ZIP	<b>Riviera Beach, FL 33404</b>		
TITLE		<input type="checkbox"/> DELETE		3. 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3. 2 NAME			
STREET ADDRESS				3. 3 STREET ADDRESS			
CITY - ST - ZIP				3. 4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4. 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4. 2 NAME			
STREET ADDRESS				4. 3 STREET ADDRESS			
CITY - ST - ZIP				4. 4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5. 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5. 2 NAME			
STREET ADDRESS				5. 3 STREET ADDRESS			
CITY - ST - ZIP				5. 4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6. 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6. 2 NAME			
STREET ADDRESS				6. 3 STREET ADDRESS			
CITY - ST - ZIP				6. 4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Kathy L. Spartichino** 4-29-96 407/842-5312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Design Phone #

CR2E034 (12/95)