

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:42

DOCUMENT # **P33293** (2)

1. Corporation Name
LABEL TECHNIQUE SOUTHEAST, INC.

Principal Place of Business Mailing Address
3377 BILL METZGER LN **3377 BILL METZGER LN**
PENSACOLA FL 32514 **PENSACOLA FL 32514**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/25/1991** 3a. Date of Last Report **04/18/1994**

4. FEI Number **59-3040234** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

SCHEFELE, STUART
10035 HOLLOWBROOK
PENSACOLA FL 32572

10. Name and Address of Now Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD**
NAME **SCHEFELE, STUART**
STREET ADDRESS **10035 HOLLOWBROOK**
CITY - ST - ZIP **PENSACOLA FL**

TITLE **VD**
NAME **FROST, DONALD L.**
STREET ADDRESS **1218 CONSTITUTION**
CITY - ST - ZIP **STURGIS MI**

TITLE **SD**
NAME **DRESSER, JOHN R.**
STREET ADDRESS **112 SOUTH MONROE ST.**
CITY - ST - ZIP **STURGIS MI**

TITLE **D**
NAME **DRESSER, RAYMOND**
STREET ADDRESS **215 HARAL**
CITY - ST - ZIP **STURGIS MI**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Stuart Scheffele* **STUART SCHEFELE** **3/28/95** **95-478-8801**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

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DIVISION OF CORPORATIONS

95 MAR 32 PM 1:02

DOCUMENT # **P33317** (9)

1. Corporation Name
COMPASS RETAIL, INC.

Principal Place of Business Mailing Address
5775 PEACHTREE DUNWOODY RD SUITE 200-D ATLANTA GA 30342

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/27/1991** 3a. Date of Last Report **04/04/1994**

21	22	23	24	25	26	27	28	29	30	4. FEI Number 58-1893213	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8a. Date of Last Report			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip		Country		8b. \$8.75 Additional Fee Required	
City & State		City & State		Zip		Zip		Country		Country		8c. \$5.00 May Be Added to Fees	
Country		Country		Country		Country		Country		Country		Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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

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

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DOUGLAS L	1.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD NE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	1.4 CITY - ST - ZIP	
TITLE	PCD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, PHILLIP E	2.2 NAME	
STREET ADDRESS	5775 PEACHTREE-DUNWOODY RD, SUITE 200-D	2.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	2.4 CITY - ST - ZIP	
TITLE	VTCD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENFIELD, GREGORY R	3.2 NAME	
STREET ADDRESS	5775 PEACHTREE-DUNWOODY RD, SUITE 200-D	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	3.4 CITY - ST - ZIP	
TITLE	VC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WILLIAM G JR	4.2 NAME	
STREET ADDRESS	5775 PEACHTREE-DUNWOODY RD, SUITE 200-D	4.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	4.4 CITY - ST - ZIP	
TITLE	CFO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WILLIAM G JR	5.2 NAME	
STREET ADDRESS	5775 PEACHTREE-DUNWOODY RD, SUITE 200-D	5.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	5.4 CITY - ST - ZIP	
TITLE		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)(b), 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: William G. Brown, Jr. 3-15-95 (601) 309-6100

(SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR)

Date

Telephone Number

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 32 PM 12: 55

DOCUMENT # **P33429** (2)
1. Corporation Name
HELIAIR LEASING, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
HELIAIR LEASING INC
1941 NW 97 AVE
MIAMI FL 33172
US
% CONRAD S. KULATZ, ESQ.
633 SE THIRD AVE. SUITE 4R
FT. LAUDERDALE FL 33301

3. Date incorporated or Qualified **04/04/1991** 3a. Date of Last Report **05/09/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 51-0294102		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23	Zip	28	Zip	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KULATZ, CONRAD S. & ASSOC., P.A.
633 SE THIRD AVE
SUITE 4R
FT. LAUDERDALE FL 33301

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULATZ, CONRAD	2. NAME	
STREET ADDRESS	633 SE THIRD AVE. SUITE 4R	3. STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	4. CITY - ST - ZIP	
TITLE	ST	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULATZ, CONRAD	22. NAME	
STREET ADDRESS	633 SE THIRD AVE. SUITE 4R	23. STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	24. CITY - ST - ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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 110.07(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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-95

Title

Dayton Page 4