FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:56

DOCUMENT # 377364 (5)

1. Corporation Name
COMFED, INC.

Principal Place of Business	Mailing Address
660 US HWY ONE N PALM BCH FL 33408	P.O. BOX 10673 RIVIERA BEACH FL 33419 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/18/1971
3a. Date of Last Report: 02/17/1994

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

4. FEI Number: 59-1383342 ☐ 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

9. Name and Address of Current Registered Agent

CROMWELL, ROBERT F
660 US HIGHWAY ONE
N PALM BCH FL 33408

10. Name and Address of New 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail-ing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	V	☐ Change ☒ Addition
NAME	TEED, FREDERICK A	1.2 NAME	Reinhardt, Michael E.	
STREET ADDRESS	431 OYSTER RD	1.3 STREET ADDRESS	153 E. Tall Oaks Circle	
CITY-ST-ZIP	N PALM BCH, FL 00000	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL	
TITLE	S	2.1 TITLE	D	☐ Change ☒ Addition
NAME	ROUSSEAU, DEBORAH	2.2 NAME	Griffin, Karl D.	
STREET ADDRESS	709 LIGHTHOUSE DRIVE	2.3 STREET ADDRESS	40 E. Blue Heron Blvd.	
CITY-ST-ZIP	N.PALM BCH. FL	2.4 CITY-ST-ZIP	Riviera Beach, FL	
TITLE	ASD	3.1 TITLE		☐ Change ☐ Addition
NAME	BEATY, FOREST C JR	3.2 NAME		
STREET ADDRESS	1445 FLAGLER BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK, FL 00000	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	PITTARD, JAMES B JR	4.2 NAME		
STREET ADDRESS	1402 INDIAN ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL 00000	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, CECIL F JR	5.2 NAME		
STREET ADDRESS	2251 QUAIL RIDGE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GDNS FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, LARRY J	6.2 NAME		
STREET ADDRESS	5577 GUN CLUB RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	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)(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: Deborah Rousseau Secretary 2/9/95 407-881-1945
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0436400 FP