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Apr 28, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H34349

1. Corporation Name
COMFORT ZONE, INC.

Principal Place of Business

1014 SE 12TH COURT
SUITE 5
CAPE CORAL FL 33904
US

Mailing Address

P.O. BOX 150490
CAPE CORAL FL 33915
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1984

4. FEI Number

59-2499550

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 the current year intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROYER, LYNN
1911 SE 4TH ST.
CAPE CORAL FL 33990

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.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TROYER, LYNN
STREET ADDRESS 1911 SE 4TH ST.
CITY-STATE-ZIP CAPE CORAL FL

DELETE

1.1 TITLE CHAIRMAN
1.2 NAME LYNN TROYER
1.3 STREET ADDRESS 1911 SE 4TH ST
1.4 CITY-STATE-ZIP CAPE CORAL, FL 33990

Change

Addition

TITLE ST
NAME TROYER, LYNN
STREET ADDRESS 1911 SE 4TH ST.
CITY-STATE-ZIP CAPE CORAL FL

DELETE

2.1 TITLE PRESIDENT
2.2 NAME SAM TROYER
2.3 STREET ADDRESS 1921 BOLADO PKWY
2.4 CITY-STATE-ZIP CAPE CORAL, FL 33990

Change

Addition

TITLE V
NAME TROYER, BARBARA
STREET ADDRESS 1911 S.E. 4TH ST
CITY-STATE-ZIP CAPE CORAL FL

DELETE

3.1 TITLE SECRETARY/TREASURER
3.2 NAME BARBARA TROYER
3.3 STREET ADDRESS 1911 SE 4TH ST.
3.4 CITY-STATE-ZIP CAPE CORAL, FL 33990

Change

Addition

TITLE AV
NAME TROYER, SAM
STREET ADDRESS 1911 S.E. 4TH STREET
CITY-STATE-ZIP CAPE CORAL FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change

Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

941 574 2327

CR2E034 (11/98)