## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300083454 (7)

## **FILED** Mar 13 1998 8:00am Secretary of State

COMC	AR ACQUISITION, INC.			   Harijari Pir Handa Haiyi Balki Balki Balki B	
Principal Plac	ce of Business	Mailing Address			DIKI DUTAT IRINA KIKI RING VIKI RING 1801
P.O. DRAWER 67 AUBURNDALE FL 33823 P.O. DRAWER 67 AUBURNDALE FL 33823				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				12/07/1993	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3220045	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23 28		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has p	
24	25	29	30	Personal Property Tax due June	
	g. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent
JACOBS, MILTON E.					
502 <b>E. B</b> RIDGERS AVENUE			82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)
Auburndale Fl 33823					,
			83		
			84 City		85 Zip Code
<u> </u>			1 1		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the con's board of directors. I hereby acce	purpose of changing its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statutes.	or a board or directors. Thereby acce	pri trie appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agr	ont and title if applicable. (NOTE D DIRECTORS	: Registered Agent signature require		DATE
TITLE	PD	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change
NAME	BOSTICK, R M		1.2 NAME		Change C Addition
STREET ADDRESS	P.O. DRAWER 67 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL 33823		1.4 CITY-ST-ZIP		•
TITLE	VD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JACOBS, MILTON E		2.2 NAME		
STREET ADDRESS	P.O. DRAWER 67 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL 33823		2.4 CITY - ST - ZIP		
TITLE	S	DELETE	3.1 TITLE		Change Addition
NAME	READY, BILLY		3.2 NAME		
STREET ADDRESS	P O DRAWER 67 (N/A)		3.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL 33823		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 THILE		Change Addition
NAME	BOSTICK, GUY		4. 2 NAME		
STREET ADDRESS	P O DRAWER 67 (N/A)		4.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL 33823		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addillon
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		ŀ
CITY-ST-ZIP		T DELETE	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		-
CITY-ST-ZIP	ertify that the information supplied wi	ith this filing does not puells for	6.4 CITY-ST-ZIP	Costion 110 07/97/3 Finding Control	

Indicated on this annual report or supplied with this filing does not quarity 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, of on an attachment with an address.