

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

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90034 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000068073

1. Corporation Name
COMET & GOLDMAN, P.A.



Principal Place of Business
 15911 ELLSWORTH DR.
 TAMPA FL 33647

Mailing Address
 15911 ELLSWORTH DR.
 TAMPA FL 33647

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **412 EAST Madison St.**

22 **Suite 900**

23 **TAMPA FL**

24 **33602** 25

2a. Mailing Address

26 **412 EAST Madison St.**

27 **Suite 900**

28 **TAMPA FL**

29 **33602** 30

3. Date Incorporated or Qualified

07/31/1998

4. FEI Number

59-3525283

5. Certificate of Status Desired

Applied For
 Not Applicable

\$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

GOLDMAN, MICHAEL H
15911 ELLSWORTH DR.
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name **Michael H. Goldman**
 82 Street Address (P.O. Box Number is Not Acceptable) **412 E. Madison St Suite**
 83 **Suite 900**
 84 City **TAMPA** 85 Zip Code **FL 33602**

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]* **Michael H. Goldman** 4/22/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.

1.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Douglas Beomet Douglas L. Comet	
1.3 STREET ADDRESS	412 E. Madison St. Suite 900	
1.4 CITY-ST-ZIP	TAMPA FL 33602	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael H. Goldman	
2.3 STREET ADDRESS	SAME	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 or without other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

813-223-7457

Daytime Phone #

CR2E034 (1/198)