

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **377364** (5)
1. Corporation Name
COMFED, INC.

FILED
Apr 30, 1996 08:00 AM
Secretary of State



Principal Place of Business
**680 US HWY ONE
N PALM BCH FL 33408**

Mailing Address
**P.O. BOX 10673
RIVIERA BEACH FL 33419
US**

3. Date Incorporated or Qualified 02/18/1971	3a. Date of Last Report 02/22/1995
4. FEI Number 59-1383342	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**CROMWELL, ROBERT F
680 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

Signature typed or printed name of registered agent and then full name

(The New Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	V
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-STATE-ZIP	N PALM BCH, FL 00000	1.4 CITY-STATE-ZIP	Palm Beach Gardens, FL
TITLE	S	2.1 TITLE	D
NAME	ROUSSEAU, DEBORAH	2.2 NAME	Griffin, Karl D.
STREET ADDRESS	709 LIGHTHOUSE DRIVE	2.3 STREET ADDRESS	40 E. Blue Heron Blvd.
CITY-STATE-ZIP	N.PALM BCH. FL	2.4 CITY-STATE-ZIP	Riviera Beach, FL
TITLE	ASD	3.1 TITLE	
NAME	BEATY, FOREST C JR	3.2 NAME	
STREET ADDRESS	1445 FLAGLER BLVD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE PARK, FL 00000	3.4 CITY-STATE-ZIP	
TITLE	PD	4.1 TITLE	
NAME	PITTARD, JAMES B JR	4.2 NAME	
STREET ADDRESS	1402 INDIAN ROAD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	W PALM BEACH, FL 00000	4.4 CITY-STATE-ZIP	
TITLE	V	5.1 TITLE	
NAME	HOWARD, CECIL F JR	5.2 NAME	
STREET ADDRESS	2251 QUAIL RIDGE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BCH GDNS FL	5.4 CITY-STATE-ZIP	
TITLE	T	6.1 TITLE	
NAME	BAKER, LARRY J	6.2 NAME	
STREET ADDRESS	5577 GUN CLUB RD	6.3 STREET ADDRESS	
CITY-STATE-ZIP	W PALM BCH FL	6.4 CITY-STATE-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)(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 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 M. Rousseau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah M. Rousseau

4/1/96

(407/881-4945)

Date

Daytime Phone #

CR2E034 (12/95)