

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

FILED

Apr 04 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 377364 (5)

1. Corporation Name
COMFED, INC.

Principal Place of Business

660 US HWY ONE
N PALM BCH FL 33408

Mailing Address

P.O. BOX 10673
RIVIERA BEACH FL 33419-0673
US3. Date Incorporated or Qualified
02/18/19713a. Date of Last Report
04/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-1383342

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

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 VD
NAME TEED, FREDERICK A
STREET ADDRESS 431 OYSTER RD
CITY-ST-ZIP N PALM BCH, FL 00000

DELETE

TITLE S
NAME ROUSSEAU, DEBORAH
STREET ADDRESS 709 LIGHTHOUSE DRIVE
CITY-ST-ZIP N.PALM BCH. FL

DELETE

TITLE ASD
NAME BEATY, FOREST C JR
STREET ADDRESS 1445 FLAGLER BLVD
CITY-ST-ZIP LAKE PARK, FL 00000

DELETE

TITLE PD
NAME PITTARD, JAMES B JR
STREET ADDRESS 1402 INDIAN ROAD
CITY-ST-ZIP W PALM BEACH, FL 00000

DELETE

TITLE V
NAME HOWARD, CECIL F JR
STREET ADDRESS 2251 QUAIL RIDGE
CITY-ST-ZIP PALM BCH GDNS FL

DELETE

TITLE T
NAME BAKER, LARRY J
STREET ADDRESS 5577 GUN CLUB RD
CITY-ST-ZIP W PALM BCH FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Secretary
1.2 NAME Julia A. Merrell
1.3 STREET ADDRESS 2614 Mohawk Circle
1.4 CITY-ST-ZIP West Palm Beach, FL 33409

Change Addition

2.1 TITLE Vice President
2.2 NAME Mary L. Kaminske
2.3 STREET ADDRESS 126 Coco Lane
2.4 CITY-ST-ZIP Jupiter, FL 33458

Change Addition

3.1 TITLE Vice President
3.2 NAME Michael E. Reinhardt
3.3 STREET ADDRESS 153 E. Tall Oaks Circle
3.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

Change Addition

4.1 TITLE Director
4.2 NAME Karl D. Griffin
4.3 STREET ADDRESS 3019 Lake Drive
4.4 CITY-ST-ZIP Riviera Beach, FL 33404

Change Addition

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

Change Addition

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

Change Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)