

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 377364 (5)
1. Corporation Name
COMFED, INC.



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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/18/1971	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1383342	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25	Country	30	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CROMWELL, ROBERT F 680 US HIGHWAY ONE N PALM BCH FL 33408				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	Assistant Secretary
NAME	TEED, FREDERICK A	1.2 NAME	Shana P. Robinson
STREET ADDRESS	431 OYSTER RD	1.3 STREET ADDRESS	8563 40th Terrace North
CITY-ST-ZIP	N PALM BCH, FL 00000	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	S	2.1 TITLE	Vice President
NAME	ROUSSEAU, DEBORAH	2.2 NAME	Mary L. Kaminske
STREET ADDRESS	709 LIGHTHOUSE DRIVE	2.3 STREET ADDRESS	126 Coco Lane
CITY-ST-ZIP	N.PALM BCH. FL	2.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	ASD	3.1 TITLE	Vice President
NAME	BEATY, FOREST C JR	3.2 NAME	Michael E. Reinhardt
STREET ADDRESS	1445 FLAGLER BLVD	3.3 STREET ADDRESS	153 E. Tall Oaks Circle
CITY-ST-ZIP	LAKE PARK, FL 00000	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	PD	4.1 TITLE	Director
NAME	PITTARD, JAMES B JR	4.2 NAME	Karl D. Griffin
STREET ADDRESS	1402 INDIAN ROAD	4.3 STREET ADDRESS	3019 Lake Drive
CITY-ST-ZIP	W PALM BEACH, FL 00000	4.4 CITY-ST-ZIP	Riviera Beach, FL 33404
TITLE	V	5.1 TITLE	
NAME	HOWARD, CECIL F JR	5.2 NAME	
STREET ADDRESS	2251 QUAIL RIDGE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	BAKER, LARRY J	6.2 NAME	
STREET ADDRESS	5577 GUN CLUB RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	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.

SIGNATURE: Deborah M. Rousseau 2/23/98

CR2E034 (10/97)