

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90030 004 \*\*\*150.00

**DOCUMENT # 377364**

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  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/18/1971**

4. FEI Number

**59-1383342**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$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

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

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 ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Secretary ☐ Change ☒ Addition

1.2 NAME **Trina L. Miles**  
1.3 STREET ADDRESS **406 Lakewood Court #4B**  
1.4 CITY-ST-ZIP **Jupiter, FL 33458**

2.1 TITLE Vice President ☐ Change ☒ Addition

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

3.1 TITLE Vice President ☐ Change ☒ Addition

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**

4.1 TITLE **PD** ☒ Change ☐ Addition

4.2 NAME **James B. Pittard, Jr.**  
4.3 STREET ADDRESS **1632 SE Colony Way**  
4.4 CITY-ST-ZIP **Jupiter, FL 33478**

5.1 TITLE Director ☐ Change ☒ Addition

5.2 NAME **Karl D. Griffin**  
5.3 STREET ADDRESS **3019 Lake Drive**  
5.4 CITY-ST-ZIP **Riviera Beach, FL 33404**

6.1 TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

**Deborah M. Rousseau**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date

Daytime Phone #

CR2E034 (11/98)