## FILE NOW: FILING FEE AFTER MAY 19T IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 388045 1. Corporation Name

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP

COMFORT-MATE, INC.

1780 WEST 4TH AVE. HIALEAH FL 33010		1780 WEST 4TH AVE. HIALEAH FL 33010				DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualife 09/07/1971	đ		
2 Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	tied For
2. 1 micipai : 1		26				59-1405527			Applicable
Suite, Apt. #	t. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
201.5 / 4		27				g. Comments of the		Fee Red	·
City & State		City & State				6. Election Campaign Financing	" □	\$5.00 t	- 1
23		28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Country			8. This corporation owes the cu	irrent year Inta	angible	- <sup>7</sup>
24	25		30			Personal Property Tax. ☑ Yes ☐ No 10. Name and Address of New Registered Agent			
1	9. Name and Address of Curren	t Registered Agent		1		10. Name and Address of New	Registered /	Agent	
<u> </u>	2 N 2 N 3 N		Ì	81	Name				
REITER, JAMES E.			F	82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
	1 S.W. 103RD AVENUE		Į.				375 8.77	7/1 3:65 3:36 3	939 3 3
MIAN	II FL 33176			83		· · · · · · · · · · · · · · · · · · ·			国學 [5]
			ŀ	84	City	135 * 1		85 Zip C	ode
		and a second of	ì		. *		<u> </u>		
agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with; and accept the obliga	itions of, Section 607.0505, Flor	rida Statu	ites.	·			ntment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	. Registered	Agent	signature required	when reinstating)	DATE	D DIDECTO	DC IN 12
12.		ID DIRECTORS	13.		·	ADDITIONS/CHANGES TO C	OFFICERS AN	D DIRECTO ☐ Change	Addition
TITLE	PD	☐ DELETE	1.ţ TIT	LΕ		1000 100 100 100 100 100 100 100 100 10		☐ Change	7,000,001
NAME	REITER, JAMES	•	: 1.2 NA	ME	Ì				
STREET ADDRESS	12221 S.W. 103RD AVENUE		. 1.3 ST	REETA	ADDRESS .				ļ
CITY-ST-ZIP	MIAMI FL				710				
TITLE	SD	·	1.4 CF	TY-ST-	·ZIP			ET Change	□ Addition
		☐ DELETE	1.4 CF 2.1 TF		·ZIP	· ·	<u> </u>	Change	Addition
NAME	REITER,AMY B.	☐ DELETE	_	ΠE	· ZIP		<u>.</u>	Change	Addition
NAME	REITER,AMY B. 12221 S.W. 103RD AVENUE	☐ DELETE	2.1 TIT 2.2 NA	ne Me	ADDRESS			Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TIT 2.2 NA 2.3 ST	TLE NME TREET /	ADORESS			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	12221 S.W. 103RD AVENUE		2.1 TIT 2.2 NA 2.3 ST 2.4 C	TLE TREET / TTY-ST	ADORESS				
STREET ADDRESS CITY-ST-ZIP TITLE NAME	12221 S.W. 103RD AVENUE		2.1 TIT 2.2 NA 2.3 ST 2.4 C 3.1 TIT 3.2 NA	TLE TREET / TTY-ST TLE AME	ADORESS		18.5.55		
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	12221 S.W. 103RD AVENUE MIAMI FL	☐ DELETE	2.1 TIT 2.2 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CC 4.1 TIT 4.2 N 4.3 ST	TLE TREET / TTY-ST TLE TREET / TTY-ST TLE TREET / TLE TREET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS		Ages 1967 Ages 1	Change	Addition
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**FILED** Jan 28, 1999 8:00am **Secretary of State** 

01-28-1999 90025 035 \*\*\*150.00

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 changes, or on an attachment with an address, with all other like empowered.