

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 # 610057 (2)  
1. Corporation Name  
COMFED DEVELOPMENT CO.



Principal Place of Business  
660 US HWY ONE  
NORTH PALM BEACH FL 33408  
US

Mailing Address  
PO DRAWER 10673  
RIVIERA BEACH FL 33419-1673  
US

3. Date Incorporated or Qualified 02/15/1979 3a. Date of Last Report 03/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1942301	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROMWELL, ROBERT F.  
660 US HWY #1  
N PALM BEACH FL 33408

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	D	1.1 TITLE	T
NAME	CROMWELL, ROBERT F	1.2 NAME	Baker, Larry J.
STREET ADDRESS	660 US #1	1.3 STREET ADDRESS	5577 Gun Club Rd.
CITY-ST-ZIP	N PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL
TITLE	ASD	2.1 TITLE	V
NAME	GRIFFIN, KARL D	2.2 NAME	Gifford, Charles J.
STREET ADDRESS	40 E BLUE HERON BLVD	2.3 STREET ADDRESS	1748 S.W. Monarch Club Dr.
CITY-ST-ZIP	RIVIERA BEACH FL	2.4 CITY-ST-ZIP	Palm City, FL
TITLE	VD	3.1 TITLE	
NAME	TEED, FREDERICK A	3.2 NAME	
STREET ADDRESS	431 OYSTER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NO. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	ROUSSEAU, DEBORAH M	4.2 NAME	
STREET ADDRESS	709 LIGHTHOUSE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	PITTARD, JAMES B JR	5.2 NAME	
STREET ADDRESS	1402 INDIAN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	HOWARD, CECIL F., JR.	6.2 NAME	
STREET ADDRESS	2251 QUAIL RIDGE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	6.4 CITY-ST-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* Deborah M. Rousseau 4/1/96 (407/881-4945)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)