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 # **F94000003582 (3)**

1. Corporation Name
COMVEST INTERNATIONAL INC.

Principal Place of Business
PO 3656
276 KINGSBURY GRADE SUITE 104
STATELINE NV 89449

Mailing Address
PO 3656
276 KINGSBURY GRADE SUITE 104
STATELINE NV 89449

3. Date Incorporated or Qualified: 07/08/1994
3a. Date of Last Report: 03/28/1995

2. Principal Place of Business
21 1260 HIDDEN WOODS
Suite, Apt. #, etc.
22 P.O. Box 1067
City & State
23 ZEPHYR COVE
Zip 24 N.V. Country 25 89448

2a. Mailing Address
26 P.O BOX 1067
Suite, Apt. #, etc.
27
City & State
28 ZEPHYR COVE
Zip 29 NV. Country 30 89448

4. FEI Number: 88-0307720 — 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HIRTREITER, RICHARD P
SUITE 406
535 CENTRAL AVENUE
ST PETERSBURG FL 33701

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CLOTHIER, GENE L	1.2 NAME	
STREET ADDRESS	~~276 KINGSBURY GRADE #104/POB 3656~~	1.3 STREET ADDRESS	1260 Hidden Woods - POB 1067
CITY-ST-ZIP	~~STATELINE NV 89449~~	1.4 CITY-ST-ZIP	ZEPHYR COVE NV 89448
TITLE	ST ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CLOTHIER, GENE L	2.2 NAME	
STREET ADDRESS	276 KINGSBURY GRADE #104/POB 3656	2.3 STREET ADDRESS	1260 Hidden Woods - POB 1067
CITY-ST-ZIP	STATELINE NV	2.4 CITY-ST-ZIP	ZEPHYR COVE NV 89448
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 the annual report or the total 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 registered agent 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 attached amendment, and/or in the registered agent block.

SIGNATURE: 2-29-96 702-588-1891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)