

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 10, 1999 8:00 am
Secretary of State

05-10-1999 90066 027 ***150.00

DOCUMENT # F96000001255

1. Corporation Name

COMFOTEX CORPORATION

Principal Place of Business

21 ELM ST
WATERLIET NY 12189

Mailing Address

21 ELM ST
WATERLIET NY 12189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1996

4. FEI Number

14-1680857

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

MOFFRE, CHRISTINA
COMFOTEX CORPORATION
295 N DR #A,B&C
MELBOURNE FL 32934

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 DC ☐ DELETE
NAME STERNLICHT, BENO
STREET ADDRESS PARTRIDGE RUN
CITY-ST-ZIP LATHAM NY 12110

TITLE D ☐ DELETE
NAME SLEASMAN, DANIEL M
STREET ADDRESS 100 STATE ST
CITY-ST-ZIP ALBANY NY 12207

TITLE D ☐ DELETE
NAME ROSKOPF, DONALD
STREET ADDRESS 21001 VAN BORN RD
CITY-ST-ZIP TAYLOR MI 48180

TITLE D ☐ DELETE
NAME BOYLAN, GERRY
STREET ADDRESS 21001 VAN BORN RD
CITY-ST-ZIP TAYLOR MI 48180

TITLE D ☐ DELETE
NAME BLAUSTEIN, S. SCOTT
STREET ADDRESS 108 DRAHOS DRIVE
CITY-ST-ZIP ALTAMONT NY 12009

TITLE P ☐ DELETE
NAME MARVSAK, THOMAS
STREET ADDRESS 23 GREEN MEADOWS LN
CITY-ST-ZIP LOUDENVILLE NY 12211

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

Daytime Phone #

5/2/99 518-273-3333

CR2E034 (11/98)