

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H70965** (9)

1. Corporation Name

KOMARA ENTERPRISES, INC.

Principal Place of Business

**1777 TAYLOR RD.
DAYTONA BEACH FL 32124**

Mailing Address

**1777 TAYLOR RD.
DAYTONA BEACH FL 32124**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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9. Name and Address of Current Registered Agent

**REICHMAN, MICHAEL A.
380 N. JEFFERSON AVENUE
MONTICELLO FL 32344**

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 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report on behalf of the corporation.

Signature of the person who is authorized to sign this report on behalf of the corporation.

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	☐ DELETE
NAME	KOMARA, SUZANNE	
STREET ADDRESS	1777 TAYLOR RD.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-ST-ZIP	☐ Change ☐ Addition
18 TITLE	☐ Change ☐ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY-ST-ZIP	☐ Change ☐ Addition
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY-ST-ZIP	☐ Change ☐ Addition
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY-ST-ZIP	☐ Change ☐ Addition
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do 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 or liquidator provided 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.

SIGNATURE:

Suzanne Komara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

Signature Required

CR2E034 (12/95)