

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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # **H82419** (3)

1. Corporation Name

COMAC OF PALM BEACH, INC.

Principal Place of Business

**1645 PALM BCH. LAKES BLVD.
STE. 420
WEST PALM BEACH FL 33401-2216
US**

Mailing Address

**1645 PALM BCH. LAKES BLVD.
STE. 420
WEST PALM BEACH FL 33401-2216
US**

3. Date Incorporated or Qualified
10/24/1985

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

21 **3300 PGA BLVD**

2a. Mailing Address

26 **3300 PGA BLVD**

4. FEI Number

59-2610666

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

Suite, Apt. #, etc.

22 **STE 620**

City & State

23 **PALM BEACH GARDENS FL**

Zip

24 **33410-2811**

Country

25 **USA**

City & State

28 **PALM BEACH GARDENS FL**

Zip

29 **33410-2811**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**MCINTOSH, ROBERT A
1645 PALM BCH. LAKES BLVD., STE. 420
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3300 PGA BLVD STE 620

83

84

PALM BEACH GARDENS

FL

85

33410-2811

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 **PT** ☐ DELETE

NAME **COWIE, PETER**
STREET ADDRESS **1645 PALM BCH. LAKES BLVD., STE. 420**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **VS** ☐ DELETE

NAME **MCINTOSH, ROBERT A.**
STREET ADDRESS **1645 PALM BCH. LAKES BLVD., STE. 420**
CITY-ST-ZIP **WEST PALM 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3300 PGA BLVD STE 620

PALM BEACH GARDENS FL 33410-2811

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3300 PGA BLVD STE 620

PALM BEACH GARDENS FL 33410-2811

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/96 407-775-7393

CR2E034 (12/95)