FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1999	DIVISION O	F CORPORA	TIONS		
20011					01-28-1999 90007 008 ***	*158.75
	MENT # K6660	14				
1. Corporatio	n Name					
	RN-COMFORT, INC.					
						(
Principal Plac	ce of Business	Mailing Address			-	
9331 ADAMO DR. 9331 ADAMO DR. TAMPA FL 33619						
TAMPA FL 33619 US US TAMPA FL 33619 US					DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualifed	
					02/17/1989	
Principal Place of Business 2a. Mailing Address			-		4. FEI Number	Applied For
21 26					59-2940109	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27						Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Count	n/	Trust Fund Contribution	Added to Fees
24				· y	This corporation owes the current year I Personal Property Tax.	ntangible ☐ Yes ☐ No
24 25 29 3 9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	
			8	1 Name		
	TANI, H.		8	2 Circui Add	troce (B.O. Box Number in Not Assèrtable)	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
9331 ADAMO DR			°	Slieel Add	Iress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33619				3	11、120000000000000000000000000000000000	. 15. 图 . 图 . 图 . 图 . 图 . 图 . 图 . 图 . 图 . 图
	•		<u> </u>	4 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
A CONTRACTOR OF THE PROPERTY O					F	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	utes, the abo	ve-named con	poration submits this statement for the purpose of ion's board of directors. I hereby accept the applications are supported in the property of the property in the property of	of changing its registered
agent. I a	im familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Statute	es.	ion's board of directors, i hereby accept the appr	omment as registered
SIGNATURE	·					
12	Signature, typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·		ent signature require	ed when reinstating) 1 OATE	AND DIDECTORS IN 12
12	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
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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 trusted 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 attactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

TAMPA FL

FILED

Jan 28, 1999 8:00am

Secretary of State