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 # M09682 (9)

1. Corporation Name

MCCOMAS PROPERTIES, INC.

Principal Place of Business	Mailing Address
2002 FAIRWAY DR. HALF MOON BAY CA 94019	2002 FAIRWAY DR. HALF MOON BAY CA 94019

3. Date Incorporated or Qualified: 01/04/1985
3a. Date of Last Report: 08/24/1995
4. FEI Number: 59-2487746 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2175 ST. RD. 84	26 2175 ST. RD. 84
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FT. LAUDERDALE, FL	City & State 28 FT. LAUDERDALE, FL
Zip 24 33312 Country 25 USA	Zip 29 33312 Country 30 USA

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

LICKSTEIN, FRED K.
201 ALHAMBRA CIRCLE
8TH FLOOR
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: JOANNA CEPULIONIS, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 2175 ST. RD. 84
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33312

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: JOANNA CEPULIONIS - ATTORNEY / Joanna Cepulionis — DATE: 7-2-96

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	MCCOMAS, WILLIAM P.	
STREET ADDRESS	2175 STATE ROAD 84	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TV	☑ DELETE
NAME	FERNANDEZ, MICHAEL J.	
STREET ADDRESS	2002 FAIRWAY DRIVE	
CITY-ST-ZIP	HALF MOON BAY CA	
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

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	William P. McComas is now also Treasurer and Vice-President.	☐ Change ☑ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Michael Fernandez no longer is employed by M.P.I.	☐ Change ☐ Addition
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: W. McComas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7-7-96 Daytime Phone #: 954-791-7000 x565

CR2E034 (12/95)