

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

FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

2175 ST RD 84  
FT. LAUDERDALE FL 33312  
US

Mailing Address

2175 ST. RD. 84  
FT. LAUDERDALE FL 33312-4839  
US

3. Date Incorporated or Qualified  
01/04/1985

3a. Date of Last Report  
07/12/1996

2. Principal Place of Business

21 C/O JOANNA PERAGINE

Suite, Apt. #, etc.

22 2175 ST. RD. 84

City & State

23 FT. LAUDERDALE, FL

Zip

24 33312

Country

25 USA

2a. Mailing Address

26 C/O JOANNA PERAGINE

Suite, Apt. #, etc.

27 2175 ST. RD. 84

City & State

28 FT. LAUDERDALE, FL

Zip

29 33312

Country

30 USA

4. FEI Number  
59-2487746

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

9. Name and Address of Current Registered Agent

GERULONIS, JOANNA B  
2175 ST. RD. 84  
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name JOANNA C. PERAGINE

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 C. Peragine*

Signature of individual or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-2-97

12. OFFICERS AND DIRECTORS

TITLE PVD  
NAME MCCOMAS, WILLIAM P.  
STREET ADDRESS 2175 STATE ROAD 84  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

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 do 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.

SIGNATURE: *William P. McComas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-791-7600 x565

CR2E034 (9/96)