

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004876

1. Entity Name
COMSERV, INCORPORATED



Principal Place of Business
**1040 PARK DRIVE
FORT LAUDERDALE, FL 33312 US**

Mailing Address
**1040 PARK DRIVE
FORT LAUDERDALE, FL 33312 US**

DO NOT WRITE IN THIS SPACE



09232004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0857405

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POWELL, NORMAN
1040 PARK DRIVE
FORT LAUDERDALE, FL 33312**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11000000172534
09/27/04 00003-006 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WAY, SENEAN 3340 NW 17TH COURT FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LENO, GWENDOLYN R 300 SW 29TH TERRACE FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCLEOD, GARY 2420 NW 6TH STREET POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SMALL, OSBERT 4700 NW 41ST STREET LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, DONA 913 N POWERLINE ROAD POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Norman Powell **NORMAN POWELL** 9-23-04 954-327-4679